

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 21, 2003 8:00 am
Secretary of State

01-21-2003 90059 035 ***158.75

DOCUMENT # 586791

1. Entity Name
B & D MACHINE AND TOOL, INC.



Principal Place of Business
**1720 MAIN ST NE., UNIT 3
PALM BAY FL 32905
US**

Mailing Address
**1720 MAIN ST NE., UNIT 3
PALM BAY FL 32905
US**

90007163



2. Principal Place of Business
B&D Machine & Tool, Inc
Suite, Apt. #, etc.

3. Mailing Address
1720 Main St NE #3
Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State

City & State
Palm Bay, FLA

4. FEI Number
59-1879875

Applied For
Not Applicable

Zip Country

Zip Country
32905 BARBAD

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ANZENGRUBER, DUARD
1954 MADISON AVENUE
MELBOURNE FL 32935**

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Norma Jean Anzengruber* **NORMA JEAN ANZENGRUBER - 15-3**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD ANZENGRUBER, DUARD 1954 MADISON AVENUE MELBOURNE FL | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VPD TRACER ANZENGRUBER, NORMA JEAN 1954 MADISON AVE MELBOURNE FL 32935 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TD COLLINS, TRACY 436 PICASSO AVE NE PALM BAY FL 32907 | <input checked="" type="checkbox"/> Delete |
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Norma Jean Anzengruber* **NORMA JEAN ANZENGRUBER 1-15-03 321-727-0098**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

UJL493
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CR2E034 (10/02)