

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 05, 2000 8:00 am**  
**Secretary of State**

09-05-2000 90039 048 \*\*\*550.00

**DOCUMENT # F96000001384**

1. Entity Name

**PYRAMID MACHINE TOOL CO., INC.**

Principal Place of Business

104 CAMELOT RIDGE DR  
 BRANDON FL 33511  
 US

Mailing Address

104 CAMELOT RIDGE DR  
 BRANDON FL 33511  
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**35-1785375**

Applied For

Not Applicable

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

**LATUSZEK, LANCE**  
 104 CAMELOT RIDGE DR  
 BRANDON FL 33511

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

**FILE NOW!!! FEE IS \$550.00**  
 After ~~SEPTEMBER 13, 2000~~ Min. will be ~~\$750.00~~  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution.

**\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
P	LATUSZEK, LANCE	104 CAMELOT RIDGE DR	BRANDON FL 33511				
VDC	LATUSZEK, MARY Y	104 CAMELOT RIDGE DR	BRANDON FL 33511				
VT	LATUSZEK, LANCE	104 CAMELOT RIDGE DR	BRANDON FL 33511				
S	LATUSZEK, MARLENE	<del>7851 KINGSBORY DR</del>	<del>HANOVER PK IL</del>			1126 LUMSDEN TRACE CK	VALRICO, FL 33569

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*[Signature]*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-2-00

813-689-2533

Date

Daytime Phone #

CF 004-1100