

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2001 8:00 am
Secretary of State

04-24-2001 90011 028 ***150.00

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
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State

Zip	Country	Zip	Country
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4. FEI Number **35-1785375** Applied For
 Not Applicable

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

643473



DO NOT WRITE IN THIS SPACE

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
State 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 _____ (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 \$150.00
After MAY 1, 2001 Fee will be \$550.00
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	P	<input type="checkbox"/> Delete
NAME	LATUSZEK, LANCE	
STREET ADDRESS	104 CAMELOT RIDGE DR	
CITY-ST-ZIP	BRANDON FL 33511	
TITLE	VDC	<input type="checkbox"/> Delete
NAME	LATUSZEK, MARY Y	
STREET ADDRESS	104 CAMELOT RIDGE DR	
CITY-ST-ZIP	BRANDON FL 33511	
TITLE	VT	<input type="checkbox"/> Delete
NAME	LATUSZEK, LANCE	
STREET ADDRESS	104 CAMELOT RIDGE DR	
CITY-ST-ZIP	BRANDON FL 33511	
TITLE	S	<input type="checkbox"/> Delete
NAME	LATUSZEK, MARLENE	
STREET ADDRESS	1126 LOMSDEN TRACE CR	
CITY-ST-ZIP	VALRICO FL 33569	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: *Lance Latuszek* **LANCE LATUSZEK** **4-16-01** **813-689-2583**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)