

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H08811

1. Entity Name

W. S. MACHINE, INC.

FILED
Feb 05, 2000 8:00 am
Secretary of State

02-05-2000 90024 042 ***150.00

Principal Place of Business

% WILEY S. YIELDING
 901-B CORNWALL RD.
 SANFORD FL 32773

Mailing Address

% WILEY S. YIELDING
 905 CORNWALL RD
 SANFORD FL 32773-7312
 US

010000



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

W.S. MACHINE INC.

3. Mailing Address

W.S. MACHINE INC

Suite, Apt. #, etc.

905 CORNWALL RD.

Suite, Apt. #, etc.

905 CORNWALL RD.

City & State

SANFORD, FLORIDA

City & State

SANFORD FLORIDA

4. FEI Number

59-2434610

Applied For

Not Applicable

Zip

32773

Country

USA

Zip

32773

Country

USA

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

YIELDING, GREGORY D
 2446 UNIONVILLE DR
 DELTONA FL 32725

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

GREGORY D. YIELDING

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1-4-00

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, 2000 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	PVD	<input type="checkbox"/> Delete
NAME	YIELDING, GREGORY D.	
STREET ADDRESS	2446 UNIONVILLE	
CITY-ST-ZIP	DELTONA FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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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 807, 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:

GREGORY D. YIELDING

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

407
 321-947

Daytime Phone #

1-4-00