

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 27, 2001 8:00 am
Secretary of State

04-27-2001 90402 014 ***150.00

DOCUMENT # P00000114658

1. Entity Name

MACHINERY DYNAMICS, INC.

Principal Place of Business 3403 TARPON WOODS BLVD. PALM HARBOR FL 34685	Mailing Address 3403 TARPON WOODS BLVD. PALM HARBOR FL 34685
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address P.O. Box 4824 Suite, Apt. #, etc.
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City & State PALM HARBOR, FL	City & State PALM HARBOR, FL	4. FEI Number 59-3698300	Applied For <input type="checkbox"/> Not Applicable
Zip 34685	Country FLORIDA	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

CHAMBERLIN, BETH E
3403 TARPON WOODS BLVD.
PALM HARBOR FL 34685

7. Name and Address of New Registered Agent

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	
TITLE PRESIDENT	<input type="checkbox"/> Delete
NAME ROBERT W. CHAMBERLIN	
STREET ADDRESS 3403 TARPON WOODS BLVD	
CITY-ST-ZIP PALM HARBOR, FL 34685	
TITLE VICE PRESIDENT	<input type="checkbox"/> Delete
NAME E. PEYTON SWAN	
STREET ADDRESS 12818 WALLINGFORD DR	
CITY-ST-ZIP TAMPA, FL 33624	
TITLE SECRETARY	<input type="checkbox"/> Delete
NAME CYNTHIA D. SWAN	
STREET ADDRESS 12818 WALLINGFORD DR	
CITY-ST-ZIP TAMPA, FL 33624	
TITLE TREASURER	<input type="checkbox"/> Delete
NAME BETH E. CHAMBERLIN	
STREET ADDRESS 3403 TARPON WOODS BLVD	
CITY-ST-ZIP PALM HARBOR, FL 34685	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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: Robert Chamberlin **ROBERT CHAMBERLIN** Date 7-27-2001 Daytime Phone # 727-269-5294

CR2E034 (10/00)