

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 25, 2000 8:00 am
Secretary of State

02-25-2000 90024 031 ***150.00

DOCUMENT # P97000057146

1. Entity Name
AUTOMATED METAL PRODUCTS, INC.

B0013170



DO NOT WRITE IN THIS SPACE

Principal Place of Business 825 HICKORY HAMMOCK ROAD LAKE WALES FL 33853	Mailing Address 825 HICKORY HAMMOCK ROAD LAKE WALES FL 33853-7742
---	--

2. Principal Place of Business 3358 US Hwy. 27 South	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Lake Wales, FL	City & State
---------------------------------------	--------------

Zip 33853	Country USA	Zip	Country
---------------------	-----------------------	-----	---------

4. FEI Number 65-0781068	Applied For <input type="checkbox"/> 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

**KREGL, MARY B.
 825 HICKORY HAMMOCK ROAD
 LAKE WALES FL 33853**

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

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

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	NAME	TITLE	NAME
P	KREGL, MARY B	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	825 HICKORY HAMMOCK ROAD	STREET ADDRESS	
CITY-ST-ZIP	LAKE WALES FL 33853	CITY-ST-ZIP	
ST	KREGL, JOHN W	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	825 HICKORY HAMMOCK ROAD	STREET ADDRESS	
CITY-ST-ZIP	LAKE WALES FL 33853	CITY-ST-ZIP	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
<input type="checkbox"/> Delete		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
<input type="checkbox"/> Delete		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
<input type="checkbox"/> Delete		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
<input type="checkbox"/> Delete		<input type="checkbox"/> Change	<input type="checkbox"/> Addition

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: Mary B. Kregl Mary B. Kregl 1-31-00 863-676-8888
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #