

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

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

Zip

32773

Country

USA

Zip

32773

Country

USA

4. FEI Number 59-2434610

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

YIELDING, GREGORY D
2446 UNIONVILLE DR
DELTONA FL 32725

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

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

TITLE PVD
NAME YIELDING, GREGORY D.
STREET ADDRESS 2446 UNIONVILLE
CITY-ST-ZIP DELTONA FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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 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