

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Jan 08, 2001 08:00 AM**  
**Secretary of State****DOCUMENT # P94000025356**1. Entity Name  
AK-U-TEC MACHINE & TOOL CO.

Principal Place of Business 13191 AUTOMOBILE BLVD.  CLEARWATER FL 33762 US	Mailing Address 204 EMERALD LN.  LARGO FL 33771 US
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2. Principal Place of Business  Suite, Apt. #, etc.	3. Mailing Address 13191 AUTOMOBILE BLVD.  Suite, Apt. #, etc.
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City & State  Zip	City & State CLEARWATER FL Zip 33762	Country US	Country US
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4. FEI Number  
**59-3229992**  
Applied For  
Not Applicable5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**MCDONALD DEBRA K.  
204 EMERALD LN

LARGO FL 33771 US

**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 \_\_\_\_\_ **01/08/2001**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE9. 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	TS	<input type="checkbox"/> Delete
NAME	MCDONALD DEBRA K	
STREET ADDRESS	204 EMERALD LANE	
CITY-ST-ZIP	LARGO FL	

TITLE	V	<input type="checkbox"/> Delete
NAME	MCDONALD WILLIAM D	
STREET ADDRESS	1700 SANTA ANNA DR.	
CITY-ST-ZIP	DUNEDIN FL	

TITLE	P	<input type="checkbox"/> Delete
NAME	MCDONALD THOMAS P	
STREET ADDRESS	204 EMERALD LN	
CITY-ST-ZIP	LARGO FL	

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"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	TS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCDONALD DEBRA K	
STREET ADDRESS	204 EMERALD LANE	
CITY-ST-ZIP	LARGO FL 33771	

TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCDONALD WILLIAM D	
STREET ADDRESS	1700 SANTA ANNA DR.	
CITY-ST-ZIP	DUNEDIN FL 34698	

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCDONALD THOMAS P	
STREET ADDRESS	204 EMERALD LN	
CITY-ST-ZIP	LARGO FL 33771	

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: DEBRA K. MCDONALD**

TS

01/08/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)