

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 146110

1. Entity Name

GENERAL ENGINEERING & MACHINE COMPANY

FILED
Mar 01, 2000 8:00 am
Secretary of State

03-01-2000 90101 049 ***150.00

Principal Place of Business

Mailing Address

2907 BAY TO BAY BLVD.
SUITE 200
TAMPA FL 33629-8195
US

2907 BAY TO BAY BLVD.
SUITE 200
TAMPA FLA 33607-5955
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

7650 Courtney Campbell

3. Mailing Address

7650 Courtney Campbell

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Ste 1120

Ste 1120

City & State

City & State

Tampa, FL

Tampa, FL

Zip

Zip

Country

Country

33607

33607

4. FEI Number

59-0551438

Applied For

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

KRUSEN, W.A. -
2907 BAY TO BAY BLVD.
SUITE 200
TAMPA FL 33629

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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 ☐ Delete
NAME T
STREET ADDRESS JONES, DOUGLAS N
CITY-ST-ZIP 2907 BAY TO BAY BLVD, #200
TAMPA FL 33629

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

TITLE ☐ Delete
NAME CD
STREET ADDRESS KRUSEN, W.A. SR.
CITY-ST-ZIP 2907 BAY TO BAY BLVD., SUITE 200
TAMPA, FL 00000

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

TITLE ☐ Delete
NAME PD
STREET ADDRESS KRUSEN, W.A. JR.
CITY-ST-ZIP 2907 BAY TO BAY BLVD., SUITE 200
TAMPA FL

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

TITLE ☐ Delete
NAME D
STREET ADDRESS KRUSEN, CHARLES B.
CITY-ST-ZIP 712 5TH AVE, 11TH FLOOR
NEW YORK NY 10019

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

TITLE ☐ Delete
NAME S
STREET ADDRESS SAUER, JOEL P.
CITY-ST-ZIP 1300 MAIN ST. S 1840
HOUSTON TX

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

W.A. Krusen

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-21-00

Date

813-837-1185

Daytime Phone #

CR2E034 (9/99)