FILED May 15, 2001 8:00 am Secretary of State 05-15-2001 90196 015 ***150.00

TAMPA FL 38807 TAMPA FL 38807 Supering Supe	1. Entity Name GENERAL ENGINEERING & MACHINE COMPANY					O5-15-2001 90196 015 ***150.00			
TEL 1120 STE		_	ŭ						
Suite, Apt. 4, etc.	7650 COURTNEY CAMPBELL C3 WY STE. 1120 TAMPA FL 33607 US		STE. 1120 TAMPA FL 33607						
Secondary Seco	7650 (arthry Campbell Cour		Campball	Csuy	DO NOT WRITE IN	THIS SPACE		
6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent 7. Name and Address of New Registered Agent 7. Name and Address of New Registered Agent 8. Certificate of Status Desired Fee Required	City & Sta	te	City & State		4.	FEI Number 59-0551438	————·	• •	
KRUSEN,W A 2997 BAY TO BAY BLVD: SUTTE 200 TAMPA FL 33629 The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Fiorida. W. Andrew Krusen, Dr. Street Address (P.D. Box, Number in Not Acceptable) Suffice 200 TAMPA FL 33629 The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Fiorida. W. Andrew Krusen, Dr. Street Address (P.D. Box, Number in Not Acceptable) City Tumps FL Zio Codd- Tamps FL Zio Codd-	Zip	Country	Zip	Country	5.	Certificate of Status Desired			
KRUSEN, W A 2907 BAY TO BAY BLVD. SUITE 200 TAMPA FT. 33629 The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Fiorida. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Fiorida. The corporation is eligible to satisfy its intangible Tax filling requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State Trus Fund Contribution. The corporation is eligible to satisfy its intangible Tax filling requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State Trus Fund Contribution. The corporation is eligible to satisfy its intangible Tax filling requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State Trus Fund Contribution. Added to Fees Added to Fees Trus Fund Contribution. Added to Fees Trus Fund Contribution. Added to Fees Trus Fund Contribution. Added to Fees Added to Fees Trus Fund Contribution. Trus		6. Name and Address of Current P	tegistered Agent		7. 1	Name and Address of New Regist	<u> </u>		
Street Address (P.O. Box ylumber is light Address (Name	Andr	ne Kreens To			
Suntre 1120 TAMPA FL 33629 The above named entity submits this statement for the purpose of changing its registered office or regiskered agent, or both, in the State of Florida. The above named entity submits this statement for the purpose of changing its registered office or regiskered agent, or both, in the State of Florida. W. Andrew Krusen, Sr. 4-27-0/ Scrutture, lypes or printed name of registed agent, or both, in the State of Florida. W. Andrew Krusen, Sr. 4-27-0/ (NOTE: Registanded Agent aignature required when retrinsiminy) DATE FLE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State I. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IT IL NAME JONES, DOUGLAS N 2907 BAY TO BAY BLVD, \$200 TAMPA FL 3366.7 TAMPA	·				eet Address (P.O. Box Number is Not Acceptable)				
TAMPA FL 33629 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. W. Andrew Krusen, Sr. 4-27-0/ Streamen, Speed or printed name of registered agent and life. If applicable. W. Andrew Krusen, Sr. 4-27-0/ In his corporation is eligible to satisfy its Intangible Tax filling requirement and elects to do so. Make Check Payable to Department of State I. OFFICERS AND DIRECTORS I. OFFICERS AND DIRECTORS II. OFFICERS AND DIRECTORS II. OFFICERS AND DIRECTORS II. OFFICERS AND DIRECTORS III. OFFICERS AND DIRECTORS III. III. III. III. III. III. III. II				1	/ /	suy			
City Tungery FL Zip Code 2 336 o 2 336				ite 11	120'				
This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) Corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00				- umeg		FL Zip Cod	607		
Signature, typed or printed name of register/ed agent and talle if applicable. (NOTE: Registered Agent signature required when reinstating) Tax filling requirement and elects to do so. (See criteria on back) Tourist Fund Contribution. After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State Tourist Fund Contribution. Added to Fees Trust Fund Contribution. Added to Fees Added t	8. The above	e named entity submits this statement for	the purpose of changing its	registered office o	r registered ag	ent, or both, in the State of Florida.			
Tax filing requirement and elects to do so. (See criteria on back) After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State To pelete TILE TO Delete TILE TO Delete TILE TO DELETORS TAMPA FL 33829 TO Change Addition ME ERET ADDRESS TO STREET ADDRESS CITY-ST-ZIP TAMPA, FL 09090- TAMPA, FL 09090- TO DELETORS TAMPA FL 09090- TO DELETORS After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. To Delete TILE TO STREET ADDRESS CITY-ST-ZIP Tampa, FL 33667 To Delete TILE NAME TO DELETORS AND DIRECTORS IN 11 To Delete TILE NAME To Delete	SIGNATURE	Signature, typed or printed name of registered agent an	w. A	dru Kr	ure required when re		4-27-01 DATE		
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CD Delete TITLE NAME	STREET ADDRESS CITY-ST-ZIP	2907 BAY TO BAY BLVD, #200	, , , , , , , , , , , , , , , , , , , ,	STREET ADDRESS	7650 Tampa	Courtney Campbell FL 33607	(swy,)	120	
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STILET MODILEGE	CITY-ST-ZIP								
L 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	3. I hereby o	ertify that the information supplied with the	nis filing does not qualify for	the exemption stat	ed in Section 1	119.07(3)(i), Florida Statutes. I furthe	er certify that the in	formation	

3. 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

SIGNATURE AND TYPED OR PRIATED NAME OF SIGNING OF

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 146110

Dunglos N. Jun

4-27-0

813-837-3009

Daytime Phone #

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