2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR**

272988 DOCUMENT

1. Entity Name



02-03-2003 90153 034 ***150.00 PROMPT MACHINE & ENGINEERING CO Principal Place of Business Mailing Address 5600 COMMERCIAL BLVD 5600 COMMERCIAL BLVD 22000965 WINTER HAVEN FL 33880 WINTER HAVEN FL 33880 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES -City & State ---4. FEI Nümber City & State ---Applied For 59-1425105 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BEUERLE, GUENTHER Street Address (P.O. Box Number is Not Acceptable) 5600 COMMERCIAL BLVD. WINTER HAVEN FL 33880 City 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE ☐ Change ☐ Addition BEUERLE, LINDA NAME NAME 5600 COMMERCIAL BLVD. STREET ADDRESS STREET ADDRESS WINTER HAVEN FL CITY-ST-ZIP CITY-ST-ZIP DP TITLE ☐ Defete TITLE Change ☐ Addition BEUERLE. GUENTHER NAME NAME STREET ADDRESS 5600.COMMERCIAL.BLVD STREET ADDRESS CITY-ST-ZIP Winter Haven Fl CITY-ST-ZIP TITLE VP ☐ Delete TITLE ☐ Change Addition NAME REX. BILL NAME STREET ADDRESS 5600 COMMERCIAL BLVD STREET ADDRESS CITY-ST-ZIP WINTER HAVEN FL 33880 CITY-ST-ZIP **VP** TITLE ☐ Delete TITLE Change Addition REX. ANDREA NAME NAME 4600 COMMERCIAL BLVD STREET ADDRESS STREET ADDRESS CITY-ST-7IP WINTER HAVEN FL 33880 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS

12. Thereby 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 trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

30-03 863.965.1533

FILED

Feb 03, 2003 8:00 am

Secretary of State