2001 UNIFORM BUSINESS REPORT (UBR)

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FILED Feb 06, 2001 8:00 am Secretary of State **DOCUMENT # 397673** ALLIED MACHINERY, INC 02-06-2001 90272 003 ***150.00 Principal Place of Business Mailing Address 1124 S WOODS AVENUE 1124 S WOODS AVENUE ORLANDO FL 32805 ORLANDO FL 32805 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-1396093 Not Applicable Zip Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name CAPPS, DAYTON Street Address (P.O. Box Number is Not Acceptable) 1124 S WOODS AVENUE ORLANDO FL Zip Code City 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Einancing-\$5:00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. TITLE ☐ Delete TITLE Change CAPPS, DAYTON NAME NAME 1124 S WOODS AVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL ☐ Change ☐ Addition ☐ Delete TITI F TITLE CAPPS, DAYTON NAME NAME STREET ADDRESS STREET ADDRESS 1124 S WOODS AVE CITY-ST-ZIP CITY-ST-7IP ORLANDO FL ☐ Addition ☐ Delete TITLE Change CAPPS, RINA K NAME NAME STREET ADDRESS 1124 S WOODS AVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ■ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITLE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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 trusted 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. 13. I hereby certify that the information supplied w

PED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR