

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 23, 2002 8:00 am**  
**Secretary of State**

01-23-2002 90026 001 \*\*\*158.75

**DOCUMENT # 464868**

**1. Entity Name**  
**TENCHI MACHINERY CORPORATION**

**Principal Place of Business**  
**328 N RIDGEWOOD AVENUE**  
**PO BOX 590**  
**EDGEWATER FL 32132**

**Mailing Address**  
**328 N RIDGEWOOD AVENUE**  
**PO BOX 590**  
**EDGEWATER FL 32132**



**2. Principal Place of Business**

**3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

**4. FEI Number** **59-1562658**

Applied For  
 Not Applicable

Zip

Country

Zip

Country

**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**

**RAFFETTO, JUANITA L**  
**1501 S RIVERSIDE DR**  
**EDGEWATER FL 32132**

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, 2002 Fee will be \$550.00**  
**Make Check Payable to Department of State**

**10. Election Campaign Financing** ☐ **\$5.00 May Be Added to Fees**  
 Trust Fund Contribution.

**11. OFFICERS AND DIRECTORS**

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

**TITLE** **V** ☐ Delete  
**NAME** **HODGIN, BYRON D**  
**STREET ADDRESS** **1601 S RIVERSIDE DRIVE**  
**CITY-ST-ZIP** **EDGEWATER FL 32132**

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

**TITLE** **PD** ☐ Delete  
**NAME** **RAFFETTO, JUANITA L.**  
**STREET ADDRESS** **1501 S RIVERSIDE DR**  
**CITY-ST-ZIP** **EDGEWATER FL**

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

**TITLE** **V** ☐ Delete  
**NAME** **HODGIN, DEBORAH D**  
**STREET ADDRESS** **1601 S RIVERSIDE DR**  
**CITY-ST-ZIP** **EDGEWATER FL 32132**

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

**TITLE** **ST** ☐ Delete  
**NAME** **HODGIN, DEBORAH D**  
**STREET ADDRESS** **1601 S RIVERSIDE DRIVE**  
**CITY-ST-ZIP** **EDGEWATER FL 32132**

**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**

**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** *Deborah D. Hodgin*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**JANUARY 10, 2002** **386-428-3333**  
 Date Daytime Phone #

CR2E034 (9/01)

Attachment

MAILING DATE: JANUARY 10, 2002

# 464868  
710750  
**CERTIFICATE OF WITNESS TO MAILING**

THE UNDERSIGNED, HEREBY ASSERT THAT THEY HAVE PERSONALLY WITNESSED  
THE ENCLOSURES FOR THE FOLLOWING DESCRIBED MAILING ON THE DATE GIVEN:

ADDRESSED TO: **DIVISION OF CORPORATIONS  
ANNUAL REPORTS FILINGS  
P. O. BOX 1500  
TALLAHASSEE, FL 32302-1500**

SENT BY: **TENCHI MACHINERY CORPORATION  
P. O. BOX 590  
EDGEWATER, FL 32132  
FEDERAL EMPLOYER ID#: 59-1562658**

CONTENTS: **FLORIDA CORPORATION ANNUAL REPORT / 2002**

Filing Fee	\$150.00
Certificate	8.75
Late Fee	0.00
Total Remittance	\$158.75

**CERTIFIED MAIL NO.: 7099 3400 0003 7370 4987**

WITNESSES:

Deborah D. Hodgkin

Christina M. Robinson

JAN 10 2002

Date: JAN 10 2002

Date: \_\_\_\_\_

Witnesses please initial following, verifying that:

- 1 Check is signed & F.E.I.# is on it
- 2 Annual Report is signed

CR

dh