

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 01, 2001 8:00 am
Secretary of State

03-01-2001 90030 001 ***150.00

DOCUMENT # 473523

1. Entity Name
J.J. SEIFERT MACHINE CO., INC.

Principal Place of Business

Mailing Address

HWY 41 VIDOR AVE.
 P.O. BOX 7055
 SUN CITY FL 33586

HWY 41 VIDOR AVE.
 P.O. BOX 7055
 SUN CITY FL 33586



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-1613408**

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

DUNCAN, R. ANDREW
315 HYDE PARK AVENUE
TAMPA FL 33606

Name
PAMELA S. AHLEN
 Street Address (P.O. Box Number is Not Acceptable)
4204-4212 OLD HWY. 41

City **SUN CITY** FL Zip Code **33586**

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 Pamela S. Ahlen Pamela S. Ahlen 1/31/01
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, 2001 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

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TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP AHLEN, PAMELA S RR 1 BOX 281 WOODSTOCK VT 05091 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P, VP, S, T <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition P.O. BOX 7055 4204-4212 OLD HWY. 41 SUN CITY FL 33586
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST AHLEN, LOUIS RR 1 BOX 281 WOODSTOCK VT 05091 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: Pamela S. Ahlen Pamela S. Ahlen 1/31/01 (213) 445-3123
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Day Daytime Phone #

CR2E034 (10/00)