

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 494066

1. Entity Name

THE SCREW MACHINE SHOP, INC.

FILED
Jan 20, 2000 8:00 am
Secretary of State

01-20-2000 90230 012 ***150.00

Principal Place of Business

Mailing Address

ROBERT J. WUNAR% P.M.C., INC.
1125 WHEELING RD
WHEELING IL 60090
US

%NICK JOVANOVICH BERGER & DAVIS, P.A.
100 NE 3RD AVE. #400
FORTLAUDERDALE FL 33301-1155



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

1125 WHEELING ROAD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
WHEELING, IL

4. FEI Number 59-1647652

Applied For

Not Applicable

Zip

Country

Zip

Country

60090

USA

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

JOVANOVICH, NICK
100 NORTHEAST THIRD AVE, STE 400
C/O BERGER & DAVIS, PA
FORT LAUDERDALE FL 33301

Name

Street Address (P.O. Box Number is Not Acceptable)
350 E. LAS OLAS BLVD., #1000

City FORT LAUDERDALE

FL

Zip Code 33301

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, 2000 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

TITLE PSTD
NAME WUNAR, ROBERT J
STREET ADDRESS 1125 WHEELING RD
CITY-ST-ZIP WHEELING IL ☐ Delete

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
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TITLE ☐ Change ☐ Addition
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ROBERT J. WUNAR, PRES.

847-808-8094

Date

Daytime Phone #

CR2E034 (9/99)