

2000-UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 822710

1. Entity Name

SUMMIT MACHINE TOOL MANUFACTURING CORP.

FILED

Sep 07, 2000 8:00 am
Secretary of State

09-07-2000 90038 012 ***550.00

Principal Place of Business

518 NORTH INDIANA
P.O. BOX 754
OKLAHOMA CITY OK 73101-0754
US

Mailing Address

518 NORTH INDIANA
P.O. BOX 754
OKLAHOMA CITY OK 73101-0754
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 73-0689388

Applied For
Not Applicable

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

NRAI SERVICES, INC.
526 EAST PARK AVE.
TALLAHASSEE FL 32301

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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
NAME
STREET ADDRESS
CITY-ST-ZIP
CD
GOLSEN, JACK E.
16 S. PENNSYLVANIA
OKLAHOMA CITY OK

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VP
Carrer, John
16 S Pennsylvania
OKLAHOMA CITY, OK 73107

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
GOLSEN, STEVE
16 S. PENNSYLVANIA
OKLAHOMA CITY OK

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VP
Shear, David M
16 S Pennsylvania
OKLAHOMA CITY, OK 73107

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VTS
GOSS, DAVID R.
16 S. PENNSYLVANIA
OKLAHOMA CITY OK

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
V
REDMAN, DALE
16 S PENNSYLVANIA
OKLAHOMA CITY OK

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VP
SHELBY, TONY M
16 S. PENNSYLVANIA
OKLAHOMA CITY OK

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
V
HOWARD, BRUCE
16 S PENNSYLVANIA
OKLAHOMA CITY OK

TITLE
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Steven Golzen

8-30-00

Date

Daytime Phone #

CR2E034 (5/00)