

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 07, 2000 8:00 am
Secretary of State

04-07-2000 90030 043 ***150.00

DOCUMENT # 854453

1. Entity Name
CAMPBELL BOSWORTH MACHINERY COMPANY

Principal Place of Business Mailing Address

**720 N. FLAGLER DRIVE
 FT. LAUDERDALE FL 33304** **720 N. FLAGLER DRIVE
 FT. LAUDERDALE FL 33319-3565**

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

2694 EDGEWATER CT.

City & State City & State

WESTON, FL

Zip Country Zip Country

33332 USA

4. FEI Number Applied For

13-5646876 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**SCHILLER, CAROL
 720 N. FLAGLER DRIVE
 FT. LAUDERDALE FL 33304**

7. Name and Address of New Registered Agent

Name **CAROL SCHILLER**

Street Address (P.O. Box Number is Not Acceptable) **2694 EDGEWATER COURT**

City **WESTON** State **FL** Zip Code **33332**

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 _____ (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		
TITLE	PD	<input type="checkbox"/> Delete
NAME	SCHILLER, CAROL	
STREET ADDRESS	720 N. FLAGLER DRIVE	
CITY-ST-ZIP	FT. LAUDERDALE FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: SIGNATURE OF SCHILLER CAROL SCHILLER Date: 4-3-00 Daytime Phone #: 954-217-8802