

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F03264

1. Entity Name

INDUSTRIAL TOOL GRINDING COMPANY

FILED
Apr 23, 2000 8:00 am
Secretary of State

04-23-2000 90033 012 ***150.00

Principal Place of Business

Mailing Address

P.O. BOX 15146
TAMPA FL 33684-2146

P.O. BOX 15146
TAMPA FL 33684-5146

2. Principal Place of Business

3. Mailing Address

4303 N. Lauder Way

Suite, Apt. #, etc.,

Suite, Apt. #, etc.,

City & State
Tampa FL

City & State

4. FEI Number 59-2058663

Applied For

Not Applicable

Zip
33614

Country
America

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

LOPEZ, AL R., JR.
C/O LOPEZ & KELLY, P.A.
4600 W. CYPRESS, SUITE #500
TAMPA FL 33607

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, 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
NAME
STREET ADDRESS
CITY - ST - ZIP
PTSD
SMITH, KELLY
4703 E TEMPLE HEIGHTS
TAMPA FL 33617 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
V.P. / Asst. Treasurer
Edward S. Smith
7948 Empire Ct.
New Port Richey, FL. 34654-5860 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

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CITY - ST - ZIP
☐ Change ☐ Addition

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☐ Change ☐ Addition

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 Kelly Smith
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/10/00

(813) 872-9156

Date

Daytime Phone #

CR2E034 (9/99)