

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F46478

1. Entity Name

MACHINE SPECIALTIES, INC.

FILED
Mar 24, 2000 8:00 am
Secretary of State

03-24-2000 90060 018 ***150.00

Principal Place of Business

Mailing Address

12904 DUPONT CIRCLE
TAMPA FL 33626

12904 DUPONT CIRCLE
TAMPA FL 33626-3009

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2498278

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

LECHNER, BERNARD J.
1243 LAKEVIEW ROAD
CLEARWATER 33756

Name

LECHNER, BERNARD J.

Street Address (P.O. Box Number is Not Acceptable)

2115 RANGE ROAD

City

CLEARWATER

FL

Zip Code
33765

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

BERNARD J. LECHNER, ATTY

3/13/2000

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 D ☐ Delete
NAME SELESNICK, KEVIN
STREET ADDRESS 6223 BOONE DR
CITY-ST-ZIP TAMPA, FL 00000

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE PST ☐ Delete
NAME HOWARD, ALFRED S
STREET ADDRESS 5805 GALLEON WAY
CITY-ST-ZIP TAMPA, FL 00000

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
PST
HOWARD, ALFRED S
12305 MARBLEHEAD
TAMPA FL 33626

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Change ☐ 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:

Alfred S. Howard
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Alfred S. Howard, P. 3/13/2000

Date

(813) 855-4806

Daytime Phone #

CR2E034 (9/99)