

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 27, 2000 8:00 am
Secretary of State

03-27-2000 90130 032 ***150.00

DOCUMENT # F53826

1. Entity Name

HY-TECH TURNING, INC.

Principal Place of Business

**209 CHERRY HILL RD.
 STE. B
 MONROE GA 30656**

Mailing Address

**209 CHERRY HILL RD.
 STE. B
 MONROE GA 30656-2906**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2197727

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

**STACEY, WILLIAM JR
 8551 W SUNRISE BLVD
 STE 304
 PLANTATION FL 33322**

Name **STACEY, WILLIAM JR**

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

320 SE 9th ST.

City **FT. LAUDERDALE**

FL

Zip Code **33316**

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

William E Stacey Jr., Esq.

(NOTE: Registered Agent signature required when reinstating)

DATE

03/14/2000

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 **P**
 NAME **STACEY, WILLIAM E**
 STREET ADDRESS **209 CHERRY HILL RD.**
 CITY-ST-ZIP **MONROE GA 30656**

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

SECRETARY

☒ Change

☐ Addition

TITLE **S**
 NAME **STACEY, SANDRA E**
 STREET ADDRESS **209 CHERRY HILL RD.**
 CITY-ST-ZIP **MONROE GA 30656**

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

PRESIDENT

☒ Change

☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Delete

TITLE
 NAME
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 CITY-ST-ZIP

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 STREET ADDRESS
 CITY-ST-ZIP

☐ 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:

Sandra E. Stacey

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SANDRA E STACEY

3/1/00

Date

770-207-7395

Daytime Phone #

CR2E034 (9/99)