2000 UNIFORM BUSINESS REPORT (UBR)

FILED **DOCUMENT # F62891** Apr 05, 2000 8:00 am Secretary of State BLITZ MICRO TURNING, INC. 04-05-2000 90115 030 ***150.00 Principal Place of Business Mailing Address % HERMAN BLITZ % HERMAN BLITZ 945 HARBOR LAKE COURT 945 HARBOR LAKE COURT SAFETY HARBOR FL 34695-2303 SAFETY HARBOR FL 34695 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt #, etc. Suite, Apt. #, etc. City & State City & State 4. FEI Number Applied For 59-2185849 Not Applicable Zip Country Country Zip \$8.75 Additional 5. Certificate of Status Desired \Box Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name BLITZ, HERMAN Street Address (P.O. Box Number is Not Acceptable) 945 HARBOR LAKE COURT SAFETY HARBOR FL 34695 Zip Code FL 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) Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. X Change ☐ Addition TITLE ☐ Delete TITLE P BLITZ, HERMAN NAME NAME BLITZ, MARK R. STREET ADDRESS 1851 OAK CR DR STREET ADDRESS 2965 CIELO CIR S CITY-ST-ZIP CITY-ST-ZIP **DUNEDIN FL** CLEARWATER FL 33759 Addition ☐ Delete T(T) F Change TITLE V BLITZ, MARK R. NAME NAME BLITZ, HERMAN STREET ADDRESS 33 BISHOP CREEK DRIVE STREET ADDRESS 1851 OAK CREEK DR. CITY-ST-ZIP CITY-ST-ZIP SAFETY HARBOR FL DUNEDIN FL 34698 ☐ Change - - ☐ Addition TITLE -☐ Delete TITLE BLITZ, URSULA B. NAME NAME STREET ADDRESS **1851 OAK CR DR** STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DUNEDIN FL TITLE ☐ Change ☐ Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Chasicla City URSULA BLITZ ST 3/29/00 (727)725-5005

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

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