

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 29, 2000 8:00 am**  
**Secretary of State**

03-29-2000 90024 008 \*\*\*150.00

**DOCUMENT # H67771**

1. Entity Name

**VAN SICKLE'S MACHINE SHOP, INC.**

Principal Place of Business

Mailing Address

5044 EDWARDS STREET  
 JACKSONVILLE FL 32254  
 US

5044 EDWARDS STREET  
 JACKSONVILLE FL 32254-1621  
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-2559122**

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

**MILLAR, AL**  
**1239 KING STREET**  
**JACKSONVILLE FL 32204**

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 **SVP**  Delete  
 NAME **VAN SICKLE, WILLIE EMMIT**  
 STREET ADDRESS **728 FOX BRIAR COVE**  
 CITY-ST-ZIP **JACKSONVILLE FL**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **ST**  Delete  
 NAME **VAN SICKLE, CHRISTINE**  
 STREET ADDRESS **728 FOXBRIAR COVE**  
 CITY-ST-ZIP **JACKSONVILLE FL**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **V**  Delete  
 NAME **GORDON, JOHN PAUL**  
 STREET ADDRESS **744 ARRAN CT.**  
 CITY-ST-ZIP **ORANGE PARK FL**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS **1250 Plymouth Pl.**  
 CITY-ST-ZIP **Jacksonville, FL 32205**

TITLE **P**  Delete  
 NAME **VAN SICKLE, BRIAN STANLE**  
 STREET ADDRESS **1250 QUAIL ROOST LANE**  
 CITY-ST-ZIP **JACKSONVILLE FL**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

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

SIGNATURE:

*Willie E. Sickle*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

**1-30-00**

Daytime Phone #

**904 786**