

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J12450

1. Entity Name

SOUTHERN MACHINE & FABRICATION, INC.

FILED
Jan 18, 2000 8:00 am
Secretary of State

01-18-2000 90042 041 ***150.00

Principal Place of Business	Mailing Address
11000 BLASUIS RD. 203 SW 11TH ST. BLDG 6 JACKSONVILLE FL 32222 US	11000 BLASUIS RD 203 SW 11TH ST. BLDG 6 JACKSONVILLE FL 32226-2338 US

2. Principal Place of Business	3. Mailing Address
11000 Blasius Rd	11000 Blasius Rd
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State
Jacksonville FL	Jacksonville FL
Zip	Zip
32226	32226
Country	Country
USA	USA



DO NOT WRITE IN THIS SPACE

4. FEI Number	59-2666681	Applied For
		Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
VAN CLIEF, LINDA S. 11000 BLASUIS RD BLDG 6 JACKSONVILLE FL 32226	Name: Linda S. Van Clief Street Address (P.O. Box Number is Not Acceptable): 11000 Blasius Rd City: Jacksonville FL Zip Code: 32226

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) <input type="checkbox"/>	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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VAN CLIEF, BRUCE W.	NAME	
STREET ADDRESS	11000 BLASUIS RD	STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	CITY-ST-ZIP	
TITLE	ST <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VAN CLIEF, LINDA S.	NAME	
STREET ADDRESS	11000 BLASUIS RD	STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: Linda S. Van Clief 1/5/00 904-714-4344
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #