**FILED** 

## 2002 UNIFORM BUSINESS REPORT (UBR)

## May 12, 2002 8:00 am § Secretary of State DOCUMENT # J16659 1. Entity Name STRONG'S ENGINE MACHINE SHOP, INC. 05-12-2002 90602 005 \*\*\*150 00 Principal Place of Business Mailing Address C/O JACK DOUGLAS STRONG C/O JACK DOUGLAS STRONG 26330 OLD 41 ROAD 26330 OLD 41 ROAD **BONITA SPRINGS FL 33923 BONITA SPRINGS FL 33923** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-2687438 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired --Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name STRONG, JACK DOUGLAS Street Address (P.O. Box Number is Not Acceptable) 26330 OLD 41 ROAD **BONITA SPRINGS FL 33923** City 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing Tax filing requirement and elects to do so. \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. (See criteria on back) Added to Fees Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE DP ☐ Delete TITLE ☐ Change ☐ Addition STRONG, JACK DOUGLAS NAME NAME 26850 NICKI J. COURT STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **BONITA SPRINGS FL** CITY-ST-ZIP ☐ Delete TITLE Change Addition NAME STRONG, ELIZABETH NAME STREET ADDRESS 26850 NICKI J. COURT STREET ADDRESS CITY-ST-ZIP. **BONITA SPRINGS FL** CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ■ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIE TITLE ☐ Delete TITLE ☐ Change ☐ Addition STREET ADDRESS 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.