FILED

## **2001 UNIFORM BUSINESS REPORT (UBR)**

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

## Apr 02, 2001 8:00 am Secretary of State **DOCUMENT # J80342** FORT WALTON MACHINING, INC. 04-02-2001 90058 007 \*\*\*150.00 Principal Place of Business Mailing Address 40 INDUSTRIAL ST. 40 INDUSTRIAL STREET OFUU FT. WALTON BCH. FL 32548 FT. WALTON BCH. FL 32548 US 2. Principal Place of Business 3. Mailing Address 43 JET DRIVE 43 JET DRIVE Suite, Ant #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 59-2823872 4. FEI Number FT. WALTON BEACH, FL Not Applicable FT. WALTON BEACH, Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 32548 USZ 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MCDONALD, TIMOTHY J Street Address (P.O. Box Number is Not Acceptable) **40 INDUSTRIAL ST** 43 JET DRIVE FT WALTON BCH FL 32548 Zip Code 32548 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 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. TITLE ☐ Delete TITLE MCDONALD, TIMOTHY J NAME NAME **40 INDUSTRIAL ST** STREET ADDRESS STREET ADDRESS 43 JET DRIVE. FT WALTON BCH FL 32548 CITY-ST-ZIP CITY-ST-ZIP FT. WALTON BEACH, FL 32548 ☐ Change TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP . Delete Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Detete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Delete Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 13. Thereby 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 cath; 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