

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # J99194**

1. Entity Name

CENTRAL MACHINE, INC.**FILED**
Apr 18, 2000 8:00 am
Secretary of State

04-18-2000 90139 011 ***158.75

Principal Place of Business

Mailing Address

**2709 NE 20 WAY
GAINESVILLE FL 32609****2709 NE 20 WAY
GAINESVILLE FL 32640-2170**

2. Principal Place of Business

170 LITTLE ORANGE LAKE Dr.

3. Mailing Address

170 LITTLE ORANGE LAKE Dr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
HAWTHORNE, FLORIDACity & State
HAWTHORNE, FLORIDA

4. FEI Number

59-2859805

Applied For

Not Applicable

Zip
32640

Country

Zip
32640

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****HETZ BRIAN G
2709 NE 20 WAY
GAINESVILLE FL 32609**

Name

HETZ, BRIAN G

Street Address (P.O. Box Number is Not Acceptable)

170 LITTLE ORANGE LAKE Dr.

City

HAWTHORNE,**FL**Zip Code
32640

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 **G. BRIAN HETZ**

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when resigning)

04/13/00

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 **PS** ☒ Delete
NAME **HETZ, BRIAN G**
STREET ADDRESS **2709 NE 20TH WAY**
CITY-ST-ZIP **GAINESVILLE FL**TITLE **P/V/T/S** ☒ Change ☐ Addition
NAME **HETZ, BRIAN G**
STREET ADDRESS **170 LITTLE ORANGE LAKE DRIVE**
CITY-ST-ZIP **HAWTHORNE, FL 32640**TITLE **VT** ☒ Delete
NAME **SMITH, BRUCE A.**
STREET ADDRESS **2709 NE 20TH WAY**
CITY-ST-ZIP **GAINESVILLE FL**TITLE **D** ☐ Change ☒ Addition
NAME **HARRIETT E A HETZ**
STREET ADDRESS **170 LITTLE ORANGE LAKE DRIVE**
CITY-ST-ZIP **HAWTORNE, FL 32640**TITLE **-** ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **-** ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **-** ☐ Delete
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NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **-** ☐ 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)(f), 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:

G. BRIAN HETZ (Pres.)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4-13-00

Daytime Phone #

352-481-4491

CR2E034 (9/99)