2002 Uniform Business Report (UBR)

SIGNATURE:

Apr 18, 2002 8:00 am Secretary of State J99194 DOCUMENT # 1. Entity Name CENTRAL MACHINE, INC. 04-18-2002 90435 036 ***158.75 Principal Place of Business Mailing Address 170-LITTLE-ORANGE-LAKE-DRIVE 170-HTTLE-ORANGS-LAKE-DRIVE HAWTHORNE-EL-92640 HAWTHORNE-FL-32640 2. Principal Place of Business 3. Mailing Address GO TURKEY CREEK 60 TURKEY Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 59-2859805 ALACHUA Not Applicable FLACHUA Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent HETZ BRIAN G Street Address (P.O. Box Number is Not Acceptable) 170 LITTLE ORANGE LAKE DRIVE HAWTHORNE TE-32640 Zip Code 326 15 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. (NQTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12 11. CR2E034 (9/01) Change ☐ Addition TITLE **PVTS** Delete TITLE HETZ, BRIAN G NAME NAME STREET ADDRESS 170 LITTLE ORANGE LAKE DRIVE STREET ADDRESS FL 32615 HAWTHORNE FL 92640 CITY-ST-7IP CITY-ST-7IP ☐ Addition TITLE ☐ Delete TITLE NAME HETZ, HARRIET A NAME STREET ADDRESS STREET ADDRESS 170 LITTLE ORANGE LAKE DRIVE CITY-ST-ZIP CITY-ST-ZIP HAWTHORNE FL 32640 ≟□ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CiTY-ST-ZIP Change ☐ Delete TITLE ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. Thereby certify that the information supplied with this filling 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.

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