2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2000 8:00 am
Secretary of State
05-05-2000 90007 049 ***150.00

DOCUMENT # K79926

1. Entity Name
MACHINE TOOL SERVICES OF CENTRAL FLORIDA INC.

Principal Place of Business	Mailing Address
545 FAITH CIR. MAITLAND FL 32751	545 FAITH CIR. MAITLAND FL 32751-4301

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address	
	1725 DUFFEY DR	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	
City & State	City & State: MORROW, GA	
Zip / Country	Zip: 30260	Country: USA

4. FEI Number 59-2961604 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

HOFFMAN, JOSEPH R
545 FAITH CIRCLE
MAITLAND FL 32751

7. Name and Address of New Registered Agent

Name ~~JOSEPH R. HOFFMAN~~
Street Address (P.O. Box Number is Not Acceptable) ~~1725 DUFFEY DR~~
City FL Zip Code

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) ☐

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

TITLE	PVS	☐ Delete
NAME	HOFFMAN, JOSEPH R.	
STREET ADDRESS	545 FAITH CIRCLE	
CITY-ST-ZIP	MAITLAND FL	
TITLE	TD	☐ Delete
NAME	HOFFMAN, JOSEPH R.	
STREET ADDRESS	545 FAITH CIRCLE	
CITY-ST-ZIP	MAITLAND FL	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
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TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

CR2E034 (9/99)

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: Joseph R. Hoffman JOSEPH R. HOFFMAN PRES. 678-427-9666
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #