

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **K97561**

1. Entity Name

North Florida Material Handling, Inc

Principal Place of Business

Mailing Address

**North Florida Material Handling, Inc
PO Box 1208
Crawfordville FL 32326**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2959557

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**Christian, Fletcher
-98 Harper St
Crawfordville FL 32326**

Name

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

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P**
NAME **Christian Fletcher** ☐ Delete
STREET ADDRESS **PO Box 1208**
CITY-ST-ZIP **Crawfordville FL 32326**

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

TITLE **S**
NAME **Christian, Deborah** ☐ Delete
STREET ADDRESS **PO Box 1208**
CITY-ST-ZIP **Crawfordville FL 32326**

TITLE ☐ Change ☐ Addition
NAME **400003263404-6**
STREET ADDRESS **-05/23/00--01059--019**
CITY-ST-ZIP ******300.00 ****150.00**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ 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)(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: **Christian Deborah Christian**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

850-562-6871

CR2E034 (9/99)

APPROVED AND FILED **Pg 1 of 2**

60 MAY 12 PM 2:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K97501

7/9/2012

To whom it may concern.

We did not receive our 2000
annual report. On North Florida
Material Handling Inc.

Please waive fees.

Thank you.

Chris