2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 19, 2002 8:00 am
Secretary of State
02-19-2002 90002 015 ***158.75

0032174 AV

DOCUMENT # L52298

1. Entity Name
C F MACHINE AND TOOL, INC.

Principal Place of Business	Mailing Address
520 CYNTHIA ST JACKSONVILLE FL 32254 US	P O BOX 6396 JACKSONVILLE FL 32236-6396 US

DO NOT WRITE IN THIS SPACE

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 59-3007696 ☐ Applied For ☐ Not Applicable

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
HILDEBRAND, EARL B. 520 CYNTHIA ST JACKSONVILLE FL 32254	Name CINDY L. HILDEBRAND Street Address (P.O. Box Number is Not Acceptable) 520 Cynthia Street City Jacksonville FL Zip Code 32254

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 CINDY L. HILDEBRAND Pres Cindy L. Hildebrand 1-17-02
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, 2002 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 NAME STREET ADDRESS CITY-ST-ZIP	P HILDEBRAND, EARL B. 520 CYNTHIA ST JACKSONVILLE FL 32254	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS	☑ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST HILDEBRAND, CINDY L. 520 CYNTHIA ST JACKSONVILLE FL 32254	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT	☑ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (9/01)

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: Cindy L. Hildebrand Cindy L. Hildebrand 1-17-02 904-783-0593
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #