

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 17, 2003 8:00 am**  
**Secretary of State**

03-17-2003 91072 009 \*\*\*158.75

**DOCUMENT # L86604**

1. Entity Name

INTERNATIONAL TOOL MACHINES OF FLORIDA, INC.



Principal Place of Business

5 INDUSTRY DRIVE  
PALM COAST FL 32137

Mailing Address

5 INDUSTRY DRIVE  
PALM COAST FL 32137

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

58-1986097

Applied For

Not Applicable

5. Certificate of Status Desired

☒

**\$8.75** Additional  
Fee Required

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DIEGO HANDEL  
150 S. PALMETTO AVE.  
SUITE 100  
DAYTONA BEACH FL 32114

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2003 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☐ Delete  
NAME GIEBMANN, KARL H.  
STREET ADDRESS 5 INDUSTRY DRIVE  
CITY-ST-ZIP PALM COAST FL

TITLE D ☐ Change ☒ Addition  
NAME HANDEL, DIEGO  
STREET ADDRESS 150 S. PALMETTO AVE. SUITE 200  
CITY-ST-ZIP DAYTONA BEACH, FL, 32114

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☐ Change ☒ Addition  
NAME GIBBS, MICHAEL  
STREET ADDRESS 16 HIGHLAND FARMS ROAD  
CITY-ST-ZIP GREENWHICH, CT, 06830

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☐ Change ☒ Addition  
NAME GANATRA, ANIL  
STREET ADDRESS 5383 NW 106 DRIVE  
CITY-ST-ZIP CORAL SPRINGS, FL, 33076

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE C/D ☐ Change ☒ Addition  
NAME LEVY, ANDREW A.  
STREET ADDRESS 46 BALDWIN FARMS NORTH  
CITY-ST-ZIP GREENWHICH, CT, 06831

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE S/D ☐ Change ☒ Addition  
NAME CAPPUCCIO, JOSEPH  
STREET ADDRESS 344 THIRD AVENUE, APT. 17-G  
CITY-ST-ZIP NEW YORK, NY, 10010

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE M/D ☐ Change ☒ Addition  
NAME REINDL, JAMES G.  
STREET ADDRESS 3701 KENNETT PIKE, SUITE 400  
CITY-ST-ZIP GREENVILLE, DE, 19007

12. 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. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/12/03

386-446 0500

CR2E034 (10/02)