

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L94679

1. Entity Name:

NEW ERA TOOL COMPANY, INC.

FILED
Jun 12, 2000 8:00 am
Secretary of State

06-12-2000 90037 019 ***450.00

Principal Place of Business

757 NORTH HIGHWAY 17-92
SUITE #101
LONGWOOD FL 32750

Mailing Address

757 NORTH HIGHWAY 17-92
SUITE #101
LONGWOOD FL 32750-3263

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-3024557

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

STRATTON, G. MICHAEL
757 NORTH HIGHWAY 17-92
S101
LONGWOOD FL 32750

7. Name and Address of New Registered Agent

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 remitting)

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: ☐ Delete

NAME: STRATTON, G. MICHAEL
STREET ADDRESS: 145 STONEY RIDGE DR.
CITY-ST-ZIP: LONGWOOD FL

TITLE: ☐ Delete

NAME: STRATTON, MARJORIE E.
STREET ADDRESS: 145 STONEY RIDGE
CITY-ST-ZIP: LONGWOOD 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

NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: ☐ Change ☐ Addition

NAME:
STREET ADDRESS:
CITY-ST-ZIP:

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)