

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000000394

1. Entity Name
FLORIDA MACHINERY ASSOCIATES, INC.

FILED
Sep 10, 2001 8:00 am
Secretary of State

09-10-2001 90063 043 ***550.00

0146471 IN

Principal Place of Business

1880 SAKERA ROAD
HUDSON FL 34687

Mailing Address

1880 SAKERA ROAD
HUDSON FL 34687

2. Principal Place of Business

18800 SAKERA ROAD
Suite, Apt. #, etc.
HUDSON FL

3. Mailing Address

SAME
Suite, Apt. #, etc.

City & State

Zip
34667

Country
FLA

City & State

Zip
34667

Country
FLA

4. FEI Number

59-361-5004

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

YOUNT, GARY D
18607 OAKWAY DRIVE
HUDSON FL 34667

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 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 \$550.00
After September 12, 2001 Fee will be \$750.00
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
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
YOUNT, GARY D
18607 OAKWAY DRIVE
HUDSON FL 34687 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DD
YOUNT, CATHERINE A
18607 OAKWAY DRIVE
HUDSON FL 34687 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE
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CITY-ST-ZIP
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CITY-ST-ZIP
☐ Change ☐ Addition

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

Date

Daytime Phone #

9-4-2001

727-862-1850

CR2E034 (5/01)