

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000114460

1. Entity Name  
ANIMATED MECHANICAL SYSTEMS, INC.

**FILED**  
**May 06, 2002 8:00 am**  
**Secretary of State**

05-06-2002 90098 034 \*\*\*150.00

Principal Place of Business  
1964 W. 9TH ST., SUITE 4  
RIVIERA BCH FL 33404

Mailing Address  
1964 W. 9TH ST., SUITE 4  
RIVIERA BCH FL 33404

2. Principal Place of Business

3. Mailing Address  
2508 N.E. 8TH LANE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State  
OCALA, FL.

4. FEI Number 65-1062205

Applied For  
Not Applicable

Zip

Country

Zip 34470

Country MARION

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

TEKLINSKI, STEPHEN R  
1964 W. 9TH ST., SUITE 4  
RIVIERA BCH FL 33404

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, 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 D  
NAME TEKLINSKI, STEPHEN R  
STREET ADDRESS 1964 W. 9TH ST., SUITE 4  
CITY-ST-ZIP RIVIERA BCH FL 33404 ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE SD  
NAME ROBERT H. SCHOEPF  
STREET ADDRESS 2508 N.E. 8TH LANE  
CITY-ST-ZIP OCALA, FL. 34470 ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
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:

*Robert H. Schoepf*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-23-02 352-402-9950

CR2E034 (9/01)