2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

P01000011214 **DOCUMENT #**

1. Entity Name

AMERICAN MECHANICAL RESEARCH AND DEVELOPMENT, IN

Principal Place of Business 3702 ROGERS INDUSTRIAL PK ROAD OKAHUMPKA FL 34762

Mailing Address

3702 ROGERS INDUSTRIAL PK ROAD OKAHUMPKA FL 34762

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Suite, Apt. #, etc.		Suite, Apt. #, etc. City & State		CHECK HERE IF MAKING CHANGES		
				Country	Zip Country	
	5.	5. Certificate of Status Desired \$8.75 Addition				
6. Name and Address of Current Registered Agen				Name and Address of Nov Decists		
D DOWN		Nan	10	THE BIT Address of New Register	red Agent	
BUCKNER, DON M			Characteristics (D.C. D.			
3702 ROGERS INDUSTRIAL PK ROAD			Street Address (P.O. Box Number is Not Acceptable)			
IPKA FL 34762						
		City		·		
					Zip Code	
e named entity submits this statement for t	he purpose of changing its	s registered offic	e or registered a	gent, or both, in the State of Florida. I	am familiar with, and ac	
gental de la companya					The state of the s	ОСР
Signature, typed or printed name of registered agent and	title if applicable. (NOT	TE: Registered Agent si	gnature required when	reinstating) DA	TE	-
FILE NOW!!! FEE IS \$150.00		<u> </u>				_
r May 1, 2003 Fee will be \$550.00				9. Election Campaign Financing	\$5.00 May	Re
k Payable to Florida Department of S	State			Trust Fund Contribution.		
	RECTORS	11,	ΑI	ODITIONS/CHANGES TO OFFICERS	ND DIDECTORS IN A	
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BUCKNER, DON M		NAME	G-20	Ruckner	Change _ MAde	Jitior
OVALUADRA FILATOR	AD	STREET ADDRES	\$ 3702	Rogers Industrial PK	Road	
UNAHUMPNA FL 34/62		CITY-ST-ZIP	OKahu	moka FL 347/2		
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		NAME			onengo not	naoi
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		CITY-ST-ZIP				
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	Country 6. Name and Address of Current R R, DON M GERS INDUSTRIAL PK ROAD APKA FL 34762 The named entity submits this statement for the state of registered agent. Signature, typed or printed name of registered agent and state of the	pt. #, etc. Suite, Apt. #, etc. City & State Country Zip 6. Name and Address of Current Registered Agent R, DON M GERS INDUSTRIAL PK ROAD APKA FL 34762 Pe named entity submits this statement for the purpose of changing it ations of registered agent. Signature, typed or printed name of registered agent and title if applicable. (NO FILE NOW!!! FEE IS \$150.00 Per May 1, 2003 Fee will be \$550.00 Re Payable to Florida Department of State OFFICERS AND DIRECTORS D BUCKNER, DON M 3702 ROGERS INDUSTRIAL PK ROAD OKAHUMPKA FL 34762	DI. #, etc. Suite, Apt. #, etc. City & State Country Zip Country 6. Name and Address of Current Registered Agent RR, DON M GERS INDUSTRIAL PK ROAD APKA FL 34762 City Signature, typed or printed name of registered agent and title if applicable. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 or May 1, 2003 Fee will be \$550.00 or May	DI. #, etc. Suite, Apt. #, etc. City & State Country Zip Country 5. 6. Name and Address of Current Registered Agent 7. Name Street Address (P.O. APKA FL 34762 City City The named entity submits this statement for the purpose of changing its registered office or registered attions of registered agent. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when FILE NOW!!! FEE IS \$150.00 are May 1, 2003 Fee will be \$550.00 are May 1, 2003 Fee will be \$550.00 are Payable to Florida Department of State OFFICERS AND DIRECTORS D BUCKNER, DON M 3702 ROGERS INDUSTRIAL PK ROAD OKAHUMPKA FL 34762 Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP Delete	DI. #, etc. Suite, Apt. #, etc. City & State Country Zip Country 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Register R, DON M GERS INDUSTRIAL PK ROAD APKA FL 34762 City City City City City City City City Signature, typed or printed name of registered agent and sittle if applicable (NOTE: Registered Agent signature required when reinstating) DA FILE NOW!!! FEE IS \$150.00 or May 1, 2003 Fee will be \$550.00 or May 1, 2003 Fee will be \$550.00	DL #, etc. CHECK HERE IF MAKING CHANGES

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. 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 10 or Block 11 if

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FILED

Mar 24, 2003 8:00 am Secretary of State

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