

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 30, 2002 8:00 am
Secretary of State

05-23-2002 90082 042 ***150.00

DOCUMENT # P01000018228

1. Entity Name
BHW MACHINERY SPECIALIZED, INC.

Principal Place of Business Mailing Address
6137 TEBBETTS DR ORLANDO FL 32808 **6137 TEBBETTS DR ORLANDO FL 32808**

95613



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address
8024 Florida Boys Ranch Rd P.O. Box 695
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
Graveland FL Graveland FL
 Zip Country Zip Country
34736 34736-0695

4. FEI Number Applied For
59-3713701 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
WESTPHAL BRIAN H
6137 TEBBETTS DR
ORLANDO FL 32808

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
8024 Florida Boys Ranch Road
 City State Zip Code
Graveland FL 34736

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 *Brian H. Westphal* **Brian H. Westphal** **6/30/02**
Signature, typed or printed name of registered agent and file if applicable. (NOTE: Registered Agent signature required when reconstituting) 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 NAME STREET ADDRESS CITY-ST-ZIP	President Brian H. Westphal 8024 Florida Boys Ranch Rd Graveland, FL 34736	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President Sharon A. Westphal 8024 Florida Boys Ranch Rd Graveland, FL 34736	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: *Brian H. Westphal* **Brian H. Westphal** **6/30/02** **352-429-4269**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)