1/14/02-90003-024-

FILED
Feb 25, 2002 8:00 am
Secretary of State

01-14-2002 90003 024 ***150.00

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000021316

1. Entity Name
FLORIDA MACHINING, INC.

Principal Place of Business	Mailing Address
8049 MONETARY DR STE D5 RIVIERA BEACH FL 33404-1703	8049 MONETARY DR STE D5 RIVIERA BEACH FL 33404-1703

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
8049 MONETARY Dr.Ste D4		8049 MONETARY Dr Ste D4	
Suite, Apt. #, etc.: SUITE D4		Suite, Apt. #, etc.: SUITE D4	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 65-1084696 ☐ Applied For ☐ Not Applicable

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
CHAMPAGNE, MICHAEL A 8049 MONETARY DR STE D5 RIVIERA BEACH FL 33404-1703	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 Michael Champagne 1/4/02
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PD CHAMPAGNE, MICHAEL A 8049 MONETARY DR STE D5 RIVIERA BEACH FL 33404-1703	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	8049 MONETARY Dr. SUITE D4	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DV PALERMO, MARIO F 8049 MONETARY DR STE D5 RIVIERA BEACH FL 33404-1703	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	8049 MONETARY Dr. SUITE D4	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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CR2E034 (9/01)

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: Michael Champagne 1/4/02 561-848-0258
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #