

FILED
May 21, 2002 8:00 am
Secretary of State

04-10-2002 90655 029 ***150.00

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000053665

1. Entity Name
FLORIDA MACHINERY SALES, INC.

Principal Place of Business
1315 N. CARPENTER ROAD
TITUSVILLE FL 32796

Mailing Address
1315 N. CARPENTER ROAD
TITUSVILLE FL 32796



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
1315 N. CARPENTER RD.
Suite, Apt. #, etc.

3. Mailing Address
1315 N. CARPENTER RD.
Suite, Apt. #, etc.

City & State
TITUSVILLE, FL
Zip 32794 Country

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4. FEI Number
59-3724328
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
KAMASHIAN, ANDREW P
1315 N. CARPENTER ROAD
TITUSVILLE FL 32796

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 ANDREW P. KAMASHIAN
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)
DATE 4-2-02

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

Table with 6 rows and 2 columns for Officers and Directors. Includes fields for Title, Name, Street Address, and City-ST-ZIP. One entry for Andrew P. Kamashian, President.

Table with 6 rows and 2 columns for Additions/Changes to Officers and Directors. Includes fields for Title, Name, Street Address, and City-ST-ZIP.

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 another like empowered.

SIGNATURE: [Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
DATE 4-21-02
DAYTIME PHONE 321-228-1200

CR2E034 (9/01)