

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 19, 2002 8:00 am
Secretary of State

05-19-2002 90238 012 ***150.00

DOCUMENT # P01000075949

1. Entity Name
MACHINERY SPECIALISTS, INC.

Principal Place of Business

**11643 RAULERSON RD
RIVERVIEW FL 33569**

Mailing Address

**11643 RAULERSON RD
RIVERVIEW FL 33569**

2. Principal Place of Business

126 S. St. Cloud Ave

Suite, Apt. #, etc.

3. Mailing Address

PO Box 1752

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
Valrico, FL 33594

City & State
Valrico, FL

4. FEI Number
59-3735354

Applied For
☐ **Not Applicable**

Zip
33594

Country
USA

Zip
33594

Country
USA

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

6. Name and Address of Current Registered Agent

**BRYAN, STACEY
11643 RAULERSON RD
RIVERVIEW FL 33569**

7. Name and Address of New Registered Agent

Name **Same**
Street Address (P.O. Box Number is Not Acceptable)
126 S. St. Cloud Ave
City **Valrico** **FL** **Zip Code** **33594**

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

TITLE **D** ☒ **Delete**
NAME **WOOD, L RANDY**
STREET ADDRESS **11643 RAULERSON RD**
CITY-ST-ZIP **RIVERVIEW FL 33569**

TITLE **D** ☒ **Delete**
NAME **WOOD, THERESA V**
STREET ADDRESS **11643 RAULERSON RD**
CITY-ST-ZIP **RIVERVIEW FL 33569**

TITLE **D** ☐ **Delete**
NAME **BRYAN, STANLEY**
STREET ADDRESS **126 S ST CLOUD AVE**
CITY-ST-ZIP **VALRICO FL 33594**

TITLE **D** ☐ **Delete**
NAME **BRYAN, STACEY**
STREET ADDRESS **126 S ST CLOUD AVE**
CITY-ST-ZIP **VALRICO FL 33594**

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE **P/T** ☒ **Change** ☐ **Addition**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **V/S** ☒ **Change** ☐ **Addition**
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ **Change** ☐ **Addition**
NAME
STREET ADDRESS
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 all other like empowered.

SIGNATURE: Stacey Bryan **REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/02

Date

813/681-5932

Daytime Phone #

CR2E034 (9/01)