

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 14, 2003 8:00 am**  
**Secretary of State**

04-14-2003 90220 022 \*\*\*150.00

0572161 AV

**DOCUMENT # P02000004174**

1. Entity Name  
**MARION MACHINE & TOOL INC.**



Principal Place of Business  
**20 NE 16 ST  
OCALA FL 34479**

Mailing Address  
**20 NE 16 ST  
OCALA FL 34479**



2. Principal Place of Business  
**18 NE 16 ST**  
Suite, Apt. #, etc.

3. Mailing Address  
**18 NE 16 ST**  
Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State  
**OCALA FL**  
Zip  
**34470**  
Country  
**USA**

City & State  
**OCALA FL**  
Zip  
**34470**  
Country  
**USA**

4. FEI Number  
**01-0610832**  
Applied For  
☐ Not Applicable

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

**6. Name and Address of Current Registered Agent**

**LLOYD, IVEDENT JR  
20NE 16 ST  
OCALA FL 34479**

**7. Name and Address of New Registered Agent**

Name  
**Ivedent Lloyd JR**  
Street Address (P.O. Box Number is Not Acceptable)  
**18 NE 16 ST**  
City  
**OCALA FL** Zip Code  
**34470**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Ivedent Lloyd JR*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**4-9-03**  
DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P LLOYD, IVEDENT JR 20 NE 16 ST OCALA FL 34479</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P Ivedent Lloyd JR 18 NE 16 ST OCALA FL 34470</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Ivedent Lloyd JR* **REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4-9-03**  
Date

**352-629-9752**  
Daytime Phone #

CR2E034 (10/02)

ATTACHMENT

70038829

PO2000004174

OUR Address has  
Changed to

MARION Machine & Tool

18 NE 16<sup>th</sup> St

Ocala FL 34470

352-629-9752

*Precision Machining • Short Run Production  
Prototype Work • CNC Turning*

**MARION MACHINE & TOOL, INC.**

Ivedent Lloyd, Jr.

18 NE 16<sup>th</sup> St.  
Ocala, FL 34470

352-629-9752  
Cell: 352-427-2935