

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 25, 2003 8:00 am**  
**Secretary of State**

08-25-2003 90098 028 \*\*\*150.00

**DOCUMENT # P93000066029**

**1. Entity Name**  
**CLEVELAND TOOL CORPORATION**



**Principal Place of Business**  
**679 WAYCROSS RD SW**  
**PALM BAY FL 32908**

**Mailing Address**  
**679 WAYCROSS RD SW**  
**PALM BAY FL 32908**

**2. Principal Place of Business**

**3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

**4. FEI Number 59-3209632**

Applied For

Not Applicable

**5. Certificate of Status Desired**

☐

**\$8.75 Additional Fee Required**

☐ CHECK HERE IF MAKING CHANGES



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

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

**CLEVELAND, BETTY A**  
**679 WAYCROSS ROAD S.W.**  
**#1**  
**PALM BAY FL 32908**

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

**SIGNATURE**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$550.00**

**After September 10, 2003 Fee will be \$750.00**

**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**

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

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**  
**DPS**  
**CLEVELAND, ORISON III**  
**679 WAYCROSS RD SW**  
**PALM BAY FL 32908**

☐ Delete

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

☐ Change ☐ Addition

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**  
**DVT**  
**CLEVELAND, BETTY A**  
**679 WAYCROSS RD SW**  
**PALM BAY FL 32908**

☐ Delete

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

☐ Change ☐ Addition

**TITLE**  
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**CITY-ST-ZIP**

☐ Delete

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☐ Delete

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

☐ Change ☐ 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:**

*Betty A Cleveland*  
**BETTY A CLEVELAND**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**321-724-8850**

CR2E034 (4/03)

**Cleveland Tool Corporation**

Attachment#  
80140823  
P93000066029

679 Waycross rs., S.W.  
Palm Bay Fl. 32908  
U.S.A.

Phone 321-724-8850  
Fax 321-952-7173  
Email betcleve321@aol.com

August 19, 2003

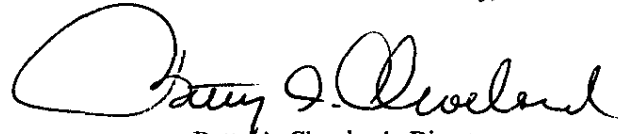
Florida Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee FL 32314

Dear Sir or Madam:

The Corporate filing report previously mailed to us, was not received. I will, however, put on my calender to look for it early in the year and contact you if it is not received, so this does not happen again.

We are enclosing a check in the amount of \$150.00 for filing fees.

Sincerely,



Betty A. Cleveland, Director  
Cleveland Tool Corporation

Enc: 2  
Account ID: FEI # 59-3209632