

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000003967

1. Entity Name

SPEEDYCUT TAPPING MACHINES, INC.

FILED
Mar 24, 2000 8:00 am
Secretary of State

03-24-2000 90101 040 ***150.00

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| Principal Place of Business 475 N.W. ENTERPRISE DRIVE SUITE B PORT ST. LUCIE FL 34986 US | Mailing Address 475 N.W. ENTERPRISE DRIVE SUITE B PORT ST. LUCIE FL 34986-2214 US |
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| 2. Principal Place of Business 1422 NW Commerce Centre Dr Suite, Apt. #, etc. | 3. Mailing Address 1422 NW Commerce Ctr Dr Suite, Apt. #, etc. |
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DO NOT WRITE IN THIS SPACE

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|-----------------------------------|----------------------------------|---------------------------------------------------------------------------------------------|--------------------------------------------------------|
| City & State Port St Lucie, FL | City & State Port St Lucie FL | 4. FEI Number 65-0462091 | Applied For <input type="checkbox"/> Not Applicable |
| Zip 34986-3208 | Country | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |

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| 6. Name and Address of Current Registered Agent LAFER, JEFFRY C/O 475 ENTERPRISE DR. UNIT B PORT ST. LUCIE FL 34986 | 7. Name and Address of New Registered Agent Name: Lafer, Jeffry Street Address (P.O. Box Number is Not Acceptable): 1422 NW Commerce Centre Dr City: Port St Lucie FL Zip Code: 34986 |
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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| 9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. <input type="checkbox"/> | FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State | 10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
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| 11. OFFICERS AND DIRECTORS | | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|------------------------------------------------|----------------------------------------------------------------------------------------------------|-------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PCEO LAFER, JEFFRY 475 ENTERPRISE DR #B PORT ST. LUCIE FL <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | PCEO LAFER, JEFFRY 1422 NW COMMERCE CTRE DR POR ST LUCIE FL 34986 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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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: E.W. LAFER 3-21-00 561-871-7161
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)