

## 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000048708

1. Entity Name

MAGNESS MACHINERY, INC.

Principal Place of Business

P.O. BOX 5020  
LAKELAND FL 33807-5020

Mailing Address

P.O. BOX 5020  
LAKELAND FL 33807-5020

2. Principal Place of Business

5958 PIER PLACE DRIVE

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

LAKELAND, FL

Zip 33813

Country USA

City &amp; State

Zip

Country

4. FEI Number

59-3248314

Applied For

Not Applicable

5. Certificate of Status Desired

 \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MAGNESS, BILL  
6700 S. FLORIDA AVE., UNIT 21  
LAKELAND FL 33813

7. Name and Address of New Registered Agent

Name BILL MAGNESS

Street Address (P.O. Box Number is Not Acceptable)

5958 PIER PLACE DRIVE

City

LAKELAND

FL

Zip Code 33813

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: Bill Magness

BILL MAGNESS

4-29-02

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 State10. Election Campaign Financing Trust Fund Contribution. 

\$5.00 May Be Added to Fees

## 11. OFFICERS AND DIRECTORS

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

CR2E034 (9/01)

TITLE D  
NAME MAGNESS, BILL  
STREET ADDRESS 5958 PIER PLACE DRIVE  
CITY-ST-ZIP LAKELAND FL 33813 DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP Change  AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP Change  AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP DeleteTITLE  
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CITY-ST-ZIP Change  AdditionTITLE  
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CITY-ST-ZIP DeleteTITLE  
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STREET ADDRESS  
CITY-ST-ZIP Change  AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP Change  Addition

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: Bill Magness BILL MAGNESS 4-29-02 863-647-9677

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #