

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 21, 2000 8:00 am
Secretary of State

04-21-2000 90021 047 ***150.00

DOCUMENT # P94000087944

1. Entity Name
PRESTIGE MACHINERY SALES INCORPORATED

Principal Place of Business 827 N 20TH ST JACKSONVILLE FL 32250 US	Mailing Address 4215 SOUTHPOINT BLVD. SUITE 100 JACKSONVILLE FL 32216-6191
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address P.O. Box 551260 Suite, Apt. #, etc.
City & State	City & State Jacksonville FL
Zip 32255	Country

4. FEI Number 59-3288599	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**SCHNEIDER, MICHAEL N
 100 NATIONAL FINANCIAL BLDG.
 4215 SOUTHPOINT BLVD.
 JACKSONVILLE FL 32216**

7. Name and Address of New Registered Agent

Name **Michael N. Schneider**
 Street Address (P.O. Box Number is Not Acceptable) **5150 Belfort Road**
Building 100
 City **Jacksonville FL** Zip Code **32256**

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]*
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, 2000 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 DP	<input checked="" type="checkbox"/> Delete
NAME WILSON, GLYNN	
STREET ADDRESS 827 20TH ST. NORTH	
CITY-ST-ZIP JACKSONVILLE BEACH FL	
TITLE DV	<input checked="" type="checkbox"/> Delete
NAME PEPLINSKI, MICHAEL	
STREET ADDRESS 827 20TH ST. NORTH	
CITY-ST-ZIP JACKSONVILLE BEACH FL	
TITLE DST	<input type="checkbox"/> Delete
NAME LINN, GEORGE	
STREET ADDRESS 827 20TH ST. NORTH	
CITY-ST-ZIP JACKSONVILLE BEACH FL	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: *[Signature]* **George Linn** **3-21-00** **904-246-1462**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)