

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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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	Country
32255	US



DO NOT WRITE IN THIS SPACE

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)