2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P9500001160

1. Entity Name

MACHINED METALS, INC.

FILED Jan 25, 2000 8:00 am Secretary of State 01-25-2000 90070 002 ***150.00

Principal Place of Business					01-23-2000 900	70 002 1	. 30.00	
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City & State City & State City & State City & State Country S. Conficial of Status Desired S	2. Principal Place of Business		3. Mailing Address					
Zip Country Zip Country 5. Representation of State Desired \$8.75 Additional Registered Agent 7. Name and Address of New Registered Agent 7. Name and Addre	Suite, Apt.	#, etc.	Suite, Apt. #, etc.		DO NOT WE	ITE IN THIS SPA	ACE	
BRUNSVOLD, MARK 2900 S HORSESHOE DR 4770 NAPLES FL 34104 8. The above named entity submits this statement for the purpose of changing its registered Agent aroutive required even received even recei	City & State		City & State		4. FEI Number 65-05503	66		
BRUNSVOLD, MARK 2900 S HORSESHOE DR #700 NAPLES FL 34104 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. SIGNATURE 9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TIME BRUNSVOLD, MARK SIRET ADDRESS CITY-ST-2P TIME NAME SIRE	Zip	Country	Zip	Country	5. Certificate of Status Desired			
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290 S HORSESHOE DR #700 NAPLES FL 34104 The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. SIGNATURE 9. This corporation is eligible to satisfy its Intangible Tax filling requirement and elects to do so. (See criteria on back) Tax filling requirement and elects to do so. OFFICERS AND DIRECTORS 11. OFFICERS AND DIRECTORS DRINSVOLD, MARK SIRET AUDRESS CRIT-S1-29 NAPLES FL 34102 Determent of State Determent of State Determent of State SIRET AUDRESS CRIT-S1-29 NAPLES FL 34102 Determent of State SIRET AUDRESS CRIT-S1-29 CRIT-S1-29 TILE ORFICERS AND DIRECTORS SIRET AUDRESS CRIT-S1-29 TILE ORFICERS				Name				
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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 Signature, syner or primed name of registered agent and staff applicable. (NOTE Registered Agent signature required when recreasing) DATE								
SIGNATURE 9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN IT. TITLE BRUNSVOLD, MARK 658 MANDARIN RD NAPLES FL 34102 TITLE NAME STREET ADDRESS CITY-ST-2P TITLE NAME		LES FL 34104		City		FL	Zip Code	∍
9. This corporation is elligible to satisfy its Intangible (See criterion back) Make Check Payable to Department of State 11.	8. The above	named entity submits this statement for	the purpose of changing its	registered office or regi	istered agent, or both, in the State of F	lorida.		
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	13. I hereby o	ertify that the information supplied with t	his filing does not qualify for		n Section 119 07(3)(i) Florida Statutes	I further certify	that the ic	formation

indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as it made under path; 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.