## **2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR**

## **DOCUMENT#**

## P95000082725

SIGNATURE

10.

TITLE (

Signature, typed or printed name of registered agent and title if applicable

OFFICERS AND DIRECTORS

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

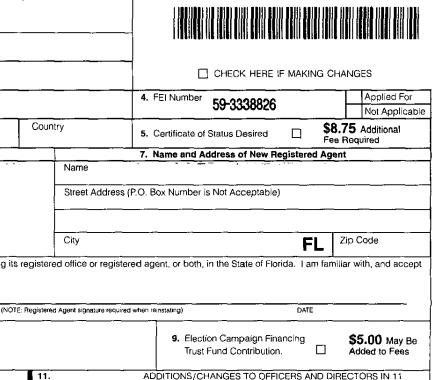
Make Check Payable to Florida Department of State

5-05-2003 90	05-0		1. Entity Name PROMECH EQUIPMENT REPAIR, INC.				
			Mailing Address 3735 NE 67TH TERR. SILVER SPRINGS FL 34488 US	Principal Place of Business 3735 NE €7TH TERR. SILVER SPRINGS FL 34488 US			
:  2  6			3. Mailing Address	2. Principal Place of Business			
CHECK HERE I			Suite, Apt. #, etc.	Suite, Apt. #, etc.			
59-3338826	4. FEI Number 59	City & State		City & State			
tatus Desired	5. Certificate of Stat	Country	Zip C	Country	Zip		
iress of New Re	7. Name and Addre		6. Name and Address of Current Registered Agent				
		Name	· · · · · · · · · · · · · · · · · · ·	والمراجع ويتباوا والمحتول فالمهملات والمتناوا	Transmission of the state of th		
Not Acceptable)	ddress (P.O. Box Number is No	Street Address	BARKSDALE, GLENN P 3735 NE 67TH TERR. Street A				
				S FL 34488	SILVER SPRIN		
		City					
		Street Address City	or the purpose of changing its regis	TERR. S FL 34488	3735 NE 67TH SILVER SPRIN		

☐ Delete

## **FILED** May 05, 2003 8:00 am Secretary of State

705 006 \*\*\*150.00



STREET ADDRESS CITY-ST-ZIP.	BAHKSUALE, GLENN P 3735 N.E. 67 TERR. SILVER SPRINGS FL 34488		NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	· ·	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change	Addition Addition
NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	 ☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	 ☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change	☐ Addition:

TITLE

12. Thereby 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Change

Addition