2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2000 8:00 am
Secretary of State
04-17-2000 90120 028 ***150.00

DOCUMENT # P96000003306

1. Entity Name

SJG MACHINE, INC.

Principal Place of Business	Mailing Address
10975 - 49TH STREET NORTH ... 8 CLEARWATER FL 34622	10975 - 49TH STREET NORTH UNIT 8 CLEARWATER FL 33762-5025

D00D4223

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
4800 95th ST. N.		4800 95th ST. N.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: ST. Petersburg FL		City & State: ST Petersburg FL	
Zip: 33704	Country: Pinellas	Zip: 33704	Country: Pinellas

4. FEI Number 59-3360522 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
GRAY, SCOTT J 10975 - 49TH STREET NORTH UNIT 8 CLEARWATER FL 34622	Name: Gray, Scott J Street Address (P.O. Box Number is Not Acceptable): 4800 95th ST. N. City: ST Pete FL Zip Code: 33704

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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GRAY, SCOTT J 10975 - 49TH STREET NORTH, UNIT 8 CLEARWATER FL 34622 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☑ Change ☐ Addition 4800 95th ST. N. ST Pete FL 33704
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
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CR2E034 (9/99)

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] 4-10-00 (727) 319-4111
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #