2001 UNIFORM BUSINESS REPORT (UBR)

anch

SIGNATURE:

May 18, 2001 8:00 am Secretary of State DOCUMENT # P97000035725 05-18-2001 90014 014 ***150.00 S & H AUTO MACHINE, INC. Mailing Address Principal Place of Business 1560 LATHAM ROAD 1560 LATHAM ROAD UNIT 8 & 9 **UNIT 8 & 9** W PALM BEACH FL 33409 W PALM BEACH FL 33409 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 65-0746084 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent _ 6. Name and Address of Current Registered Agent SPIER, PAMELA K Street Address (P.O. Box Number is Not Asceptable) C/O HUEY 12892 MEADOWBREEZE DRIVE WEST PALM BEACH FL 33414 Z34972 OKEECHOBEE 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 4-28-01 SIGNATURE: Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) \Box Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS ☐ Addition TITLE ☐ Change TITLE ☐ Delete HUEY, JOHN F NAME NAME 1560 LATHAM ROAD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PALM BEACH FL 33409 Addition ☐ Change ☐ Delete TITLE TITLE SECHEYCO, BARRET NAME NAME STREET ADDRESS 1560 LATHAM ROAD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP W PALM BEACH FL 33409 ☐ Addition ☐ Delete TITLE TITLE ROACH. DEBRA NAME .NAME STREET ADDRESS 1560 LATHAM ROAD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP W PALM BEACH FL 33409 TITLE Change ☐ Addition TITLE ☐ Delete SPIER. PAMELA K NAME NAME STREET ADDRESS 1560 LATHAM ROAD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP W PALM BEACH FL 33409 ☐ Delete TITLE ☐ Change ☐ Addition TITL F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS 100 M. W. W. L. W. STREET ADDRESS CITY-ST-ZIP 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.

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