## **2000 UNIFORM BUSINESS REPORT (UBR)**

## DOCUMENT # **P97000057262**

1. Entity Name

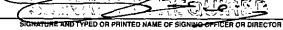
MID-SOUTHERN MACHINERY, INC.

## FILED Feb 01, 2000 8:00 am Secretary of State

			02-01-2000 90004 003 1130.0	30
Principal Place of Business	Mailing Address	<del></del> -	-	
3333 W ATLANTIC BLVD UNIT 35 POMPANO BEACH FL 33069	C/O DALE W. DEROSIA 2900 E. BAYA AVE. LAKE CITY FL 32025-4913			
2. Principal Place of Business	3. Mailing Address			
Suite, Apt. #, etc.	Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE	
City & State	City & State		4. FEI Number 65-0765189	Applied For
Zip Country	Zip ~	Country	5. Certificate of Status Desired S8.75	Additional
6. Name and Address of Cu	irrent Registered Agent		7. Name and Address of New Registered Agent	
DEROSIA, DALE W 2900 E. BAYA AVE. LAKE CITY FL 32025			F1 Zip	Code
8. The above named entity submits this statem  SIGNATURE Signature, typed or printed name of registered	Quesia David	pistered office or registe	ered agent, or both, in the State of Florida.	
<ol> <li>This corporation is eligible to satisfy its Intar Tax filing requirement and elects to do so. (See criteria on back)</li> </ol>	-	FEE IS \$150.00 Fee will be \$550.00 to Department of St	Truet Fund Contribution 1 1 A	55.00 May Be dded to Fees
	AND DIRECTORS	12.	ADDITIONS/CHANGES TO OFFICERS AND DIREC	TORS IN 11
TITLE D NAME KRAMER, D. STREET ADDRESS 3333 W ATLANTIC BLVD, UI POMPANO BEACH FL 33069		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Cha	nge 🔲 Addítion
TITLE NAME STREET ADDRESS - CITY-ST-ZIP LAKE CITY FL 32025	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Cha	nge 🔲 Addition
TITLE NAME PATEL, P.J. STREET ADDRESS CITY-ST-ZIP LAKE CITY FL 32055	, .	TITLE NAME STREET ADDRESS CITY-ST-ZIP	□ Cha	nge 🔲 Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	□ Cha	nge Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	. ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Cha	nge 🔲 Additior
TITLE NAME STREET ADDRESS	☐ Delete	TITLE NAME STREET ADDRESS	☐ Chai	nge 🔲 Addition

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:



Daytime Phone #