

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000057325

1. Entity Name

PERFECTION TOOL & DIE, INC.

FILED
Jun 09, 2000 8:00 am
Secretary of State

06-09-2000 90031 032 ***550.00

Principal Place of Business

4770 110TH AVE N. SUITE 14
CLEARWATER FL 33762

Mailing Address

4770 110TH AVE N. SUITE 14
CLEARWATER FL 33805-2300

2. Principal Place of Business

2700 INTERSTATE DR.

3. Mailing Address

2700 INTERSTATE DR.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

LAKELAND FL

City & State

LAKELAND FL

4. FEI Number

59-3456611

☒ Applied For

☐ Not Applicable

Zip

33805

Country

U.S.A

Zip

33805

Country

USA

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

WORKMAN, LONNIE E
4770 110TH AVE N, SUITE 14
CLEARWATER FL 33762

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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, 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 PDC ☐ Delete
NAME WORKMAN, LONNIE E
STREET ADDRESS 9800 53RD ST N N, SUITE 14
CITY-ST-ZIP PINELLAS PARK FL 33782

TITLE PDC ☒ Change ☐ Addition
NAME WORKMAN, LONNIE E.
STREET ADDRESS 649 N. CITRUS GROVE BLVD
CITY-ST-ZIP POK CITY, FL 33868

TITLE VT ☐ Delete
NAME WORKMAN, CAROL S
STREET ADDRESS 9800 53RD ST N
CITY-ST-ZIP CLEARWATER FL 33782

TITLE VT ☒ Change ☐ Addition
NAME WORKMAN, CAROL S.
STREET ADDRESS 649 N. CITRUS GROVE BLVD
CITY-ST-ZIP POK CITY, FL 33868

TITLE S ☐ Delete
NAME WORKMAN, TIMOTHY L
STREET ADDRESS 6030 150TH AVE N #13
CITY-ST-ZIP CLEARWATER FL 33760

TITLE S ☐ Change ☐ Addition
NAME WORKMAN, TIMOTHY L.
STREET ADDRESS 645 N. CITRUS GROVE BLVD
CITY-ST-ZIP POK CITY, FL 33868

TITLE M ☐ Delete
NAME WORKMAN, SCOTT E
STREET ADDRESS 5661 81ST AVE N
CITY-ST-ZIP PINELLAS PARK FL 33781

TITLE M ☐ Change ☐ Addition
NAME WORKMAN, SCOTT E.
STREET ADDRESS 627 N. CITRUS GROVE BLVD
CITY-ST-ZIP POK CITY, FL 33868

TITLE TR ☐ Delete
NAME CROTCHETT, RICHARD
STREET ADDRESS 689 RIDGE RD S.W.
CITY-ST-ZIP LARGO FL 33770

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE TR ☐ Delete
NAME HIXSON, KIMBERLY S
STREET ADDRESS 6780-2 121ST AVE. N.
CITY-ST-ZIP LARGO FL 33773

TITLE TR ☐ Change ☐ Addition
NAME HIXSON, KIMBERLY S.
STREET ADDRESS 218 ST. John's Church Rd.
CITY-ST-ZIP CAMP HILL, PA 17011

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: Carol S. Workman 06/05/00 (863)616-1562
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)