


FILED  
Mar 11, 2003 8:00 am  
Secretary of State

03-11-2003 90133 037 \*\*\*158.75

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☐ CHECK HERE IF MAKING CHANGES

<b>2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)</b>			
DOCUMENT # <b>P97000057325</b>			
1. Entity Name <b>PERFECTION TOOL &amp; DIE, INC.</b>			
Principal Place of Business <b>2700 INTERSTATE DR LAKELAND FL 33805 US</b>		Mailing Address <b>2700 INTERSTATE DR LAKELAND FL 33805 US</b>	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc. <b>18208 SOUTH COMBEE RO</b>		Suite, Apt. #, etc. <b>18208 SOUTH COMBEE RO.</b>	
City & State <b>LAKELAND, FL</b>		City & State <b>LAKELAND FL</b>	
Zip <b>33801</b>		Country <b>US</b>	
4. FEI Number <b>59-3456611</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
8. Name and Address of Current Registered Agent <b>WORKMAN, LONNIE E 2700 INTERSTATE DRIVE LAKELAND FL 33805</b>			
7. Name and Address of New Registered Agent Name <b>WORKMAN, LONNIE E</b> Street Address (P.O. Box Number is Not Acceptable) <b>18208 S. COMBEE RO.</b> City <b>LAKELAND</b> FL Zip Code <b>33801</b>			
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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State			
9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
PDC WORKMAN, LONNIE E 649 N CITRUS GROVE BLVD POLK CITY FL 33868			
VT WORKMAN, CAROL S 649 N. CITRUS GROVE BLVD POLK CITY FL 33868			
S WORKMAN, TIMOTHY L 645 N. CITRUS GROVE BLVD POLK CITY FL 33868			
M WORKMAN, SCOTT E 627 N. CITRUS GROVE BLVD POLK CITY FL 33868			
TR CROTCHETT, RICHARD 10482 STEVEN DR POLK CITY FL 33868			
TR HIXSON, KIMBERLY S 218 ST. JOHN'S CHURCH RD CAMP HILL PA 17011			
12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: <b>Timothy L. Workman</b> JAN. 16, 03 (663) 448-8008 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #			

CR2E034 (10/02)