

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 11, 2002 8:00 am
Secretary of State

02-11-2002 90082 034 ***150.00

0463593 AV

DOCUMENT # P98000008765

1. Entity Name
PRESTIGE MACHINE & TOOL, INC.

Principal Place of Business Mailing Address
13071B 92ND ST. N. 13071B 92ND ST. N.
LARGO FL 33773 LARGO FL 33773

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

4. FEI Number **59-3497866** Applied For
 Not Applicable

Zip Country Zip Country
 5. Certificate of Status Desired **\$8.75 Additional Fee Required**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

DEFOREST, DAVID
13071B 92ND ST. N.
LARGO FL 33773

7. Name and Address of New Registered Agent

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
 Signature, typed or printed name of registered agent and title if applicable.

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, 2002 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

TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP	<input type="checkbox"/> Delete
D DEFOREST, DAVID 13071B 92ND ST. N. LARGO FL 33773	
TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP	<input type="checkbox"/> Delete
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TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 answered.

SIGNATURE: _____
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

 Date Daytime Phone #

CR2E034 (9/01)