## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT CORPORATION** ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## **FILED** Jun 01, 1999 8:00 am Secretary of State

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1 Corporation Name		•		•		

U.S. MACHINE, INC.

Principal Plac	e of Business	Mailing Addr	ess				-		#1#1 #15#1 NI#1# 1	0111 0011 10 <b>3</b> 1	
2512 ANDALUSIA BLVD. 2512 ANDALUSIA BLVD. CAPE CORAL FL 33909 CAPE CORAL FL 33909							00405				
								RITE IN THIS	SPACE		7
							3. Date Incorporated or Qualife	đ			
		0 14-11 4	44				12/17/1998 4. FEI Number			plied For	-
	Place of Business	2a. Mailing A	ooress				65-088828	2 4	ļ <del>-</del>	t Applicable	-
Suite, Apt.	# etc	26 Suite, Ap	it. #. etc.				<u> </u>		\$8.75		†
22	w, etc.	27	,,, 0.0.				5. Certificate of Status Desired		Fee Re		
City & Stat	te	City & St	ate				6. Election Campaign Financin		\$5.00	May Be	1
23		28					Trust Fund Contribution	<b>"</b> 🗆	Added	•	
Zip	Country	Zíp		Coun	try		8. This corporation owes the co	rrent year In	tangible		
24	25	29	30	)			Personal Property Tax.		Yes	<b>⊠</b> No	
	9. Name and Address of C	Current Registered Age	ent				10. Name and Address of Nev	Registered	Agent		4
1501	IADD CHADLES			1	81 Nam	е					1
	IARD, CHARLES			ī	82 Stree	et Addre	ess (P.O. Box Number is Not Acce	otable)			7
•	andalusia BLVD. Ecoral FL 33909			L							-
CAPE	COMPLET 22303			1	83						1
					84 City			FL	_ 1 !	Code	
				the second					abanging ite	registered	-
11. Pursuant office or a agent, I a	Charles H Leo.	nard	/		1//	20u	ration submits this statement for the board of directors. I hereby acc	ne purpose of ept the appo	changing its intment as re	registered egistered	
SIGNATURE	Signature, typed or printed name of register	nard ered agent and title if applicable.	/	egistered A	1//	20u	pration submits this statement for the board of directors. I hereby accumulation when reinstating)  ADDITIONS/CHANGES TO 0	DATE	99		(86)
	Signature, typed or printed name of register	ered agent and title if applicable. RS AND DIRECTORS	/		igent signatu	20u	when reinstating)	DATE	99		(11/98)
SIGNATURE	Signature, typed or printed name of register  OFFICE	ered agent and title if applicable. RS AND DIRECTORS	(NOTE: Re	egistered A	ngeni signatu	20u	when reinstating)	DATE	77 ND DIRECTO	ORS IN 12	34 (11/98)
SIGNATURE  12.  TITLE  NAME	Signature, typed or printed name of register OFFICEI	ered agent and title if applicable. RS AND DIRECTORS	(NOTE: Re	13. 1.1 TITL 1.2 NAW	ngeni signatu	e required	when reinstating)	DATE	77 ND DIRECTO	ORS IN 12	E034 (11/98)
SIGNATURE  12.  TITLE  NAME	Signature, typed or printed name of registe OFFICEI D LEONARD, CHARLES	ered agent and title if applicable. RS AND DIRECTORS	(NOTE: Re	13. 1.1 TITL 1.2 NAW	geni signatu E ME	e required	when reinstating)	DATE	ND DIRECTO	ORS IN 12 ☐ Addition	R2E034 (11/98)
SIGNATURE  12.  TITLE  NAME  STREET ADDRESS	Signature, typed or printed name of registe OFFICEI  D LEONARD, CHARLES 1140 NE 39TH ST.	nod agent and title if applicable. RS AND DIRECTORS	(NOTE: Re	13. 1.1 TITL 1.2 NAW	gent signatu E ME EEET ADDRES	e required	when reinstating)	DATE	77 ND DIRECTO	ORS IN 12	R2E034 (
SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registe OFFICEI  D LEONARD, CHARLES 1140 NE 39TH ST. CAPE CORAL FL 33909	nod agent and title if applicable. RS AND DIRECTORS	(NOTE: RE	13. 1.1 TITL 1.2 NAW 1.3 STR 1.4 CITO	eent signatu  E ME EEET ADDRES (-ST-ZIP	e required	when reinstating)	DATE	ND DIRECTO	ORS IN 12 ☐ Addition	CR2E034 (11/98)
SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Signature. Typed or printed name of register OFFICEI  D LEONARD, CHARLES 1140 NE 39TH ST. CAPE CORAL FL 33909  D COBB, DAVID	nod agent and title if applicable. RS AND DIRECTORS	(NOTE: RE	13. 1.1 TITL 1.2 NAW 1.3 STR 1.4 CITY 2.1 TITL 2.2 NAW	eent signatu  E ME EEET ADDRES (-ST-ZIP	re required	when reinstating)	DATE	ND DIRECTO	ORS IN 12 ☐ Addition	CR2E034 (11/98)
SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Signature, typed or printed name of registe OFFICEI D LEONARD, CHARLES 1140 NE 39TH ST. CAPE CORAL FL 33909 D COBB, DAVID	red agent and title if applicable.  RS AND DIRECTORS	(NOTE: RE	13. 1.1 TITL 1.2 NAW 1.3 STR 1.4 CITY 2.1 TITL 2.2 NAW 2.3 STR 2.4 CITY	egeni signatu  E  ME  ME  ME  ME  ME  ME  ME  ME  ME	re required	when reinstating)	DATE	DIRECTO Change Change	ORS IN 12 Addition	
SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Signature. Typed or printed name of registe  OFFICEI  D  LEONARD, CHARLES  1140 NE 39TH ST.  CAPE CORAL FL 33909  D  COBB, DAVID  16321 SLATER RD.	red agent and title if applicable.  RS AND DIRECTORS	(NOTE: RE	13. 1.1 TITL 1.2 NAW 1.3 STR 1.4 CITY 2.1 TITL 2.2 NAW 2.3 STR 2.4 CIT 3.1 TITL	egeni signatu  E  ME  ME  ME  ME  ME  ME  ME  ME  ME	re required	when reinstating)	DATE	ND DIRECTO	ORS IN 12 ☐ Addition	
SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature. Typed or printed name of registe  OFFICEI  D  LEONARD, CHARLES  1140 NE 39TH ST.  CAPE CORAL FL 33909  D  COBB, DAVID  16321 SLATER RD.	red agent and title if applicable.  RS AND DIRECTORS	(NOTE: RE	13. 1.1 TITL 1.2 NAW 1.3 STR 1.4 CITY 2.1 TITL 2.2 NAW 2.3 STR 2.4 CIT 3.1 TITL 3.2 NAW	geni signatu  E AE	re required	when reinstating)	DATE	DIRECTO Change Change	ORS IN 12 Addition	
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SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  CITY-ST-ZIP  CITY-ST-ZIP  CITY-ST-ZIP	Signature. Typed or printed name of registe  OFFICEI  D  LEONARD, CHARLES  1140 NE 39TH ST.  CAPE CORAL FL 33909  D  COBB, DAVID  16321 SLATER RD.	red agent and title if applicable. RS AND DIRECTORS	(NOTE: Re	13. 1.1 TITL 1.2 NAW 1.3 STR 1.4 CITY 2.1 TITL 2.2 NAW 2.3 STR 2.4 CIT 3.1 TITL 3.2 NAW 3.3 STR 3.4 CIT	geni signatu  E AE EET ADDRES (-ST-ZIP E EET ADDRES Y-ST-ZIP E AE EET ADDRES Y-ST-ZIP E AE	re required	when reinstating)	DATE	ND DIRECTO ☐ Change ☐ Change ☐ Change	ORS IN 12 Addition Addition	
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SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME	Signature, typed or printed name of registe OFFICEI D LEONARD, CHARLES 1140 NE 39TH ST. CAPE CORAL FL 33909 D COBB, DAVID 16321 SLATER RD. CAPE CORAL FL 33990	red agent and title if applicable. RS AND DIRECTORS	(NOTE: Re	13. 1.1 TITL 1.2 NAW 1.3 STR 1.4 CITY 2.1 TITL 2.2 NAW 2.3 STR 2.4 CIT 3.1 TITL 3.2 NAW 3.3 STR 4.1 TITL 4.2 NAW	gent signatu  E ME EET ADDRES (-ST-ZIP E ME EET ADDRES Y-ST-ZIP A EET ADDRES Y-ST-ZIP E ME M	re required	when reinstating)	DATE	ND DIRECTO ☐ Change ☐ Change ☐ Change	ORS IN 12 Addition Addition	
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SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	Signature, typed or printed name of registe OFFICEI D LEONARD, CHARLES 1140 NE 39TH ST. CAPE CORAL FL 33909 D COBB, DAVID 16321 SLATER RD. CAPE CORAL FL 33990	red agent and title if applicable.  RS AND DIRECTORS	(NOTE: Re	13. 1.1 TITL 1.2 NAW 1.3 STR 1.4 CITY 2.1 TITL 2.2 NAW 2.3 STR 2.4 CIT 3.1 TITL 3.2 NAW 3.3 STR 4.1 TITL 4.2 NAW 4.3 STR 4.4 CITY 4.4 CITY 4.4 CITY 4.4 CITY	gent signatu  E  ME  EEET ADDRES  (-ST-ZIP  E  ME  ME  ME  ME  ME  ME  ME  ME  ME	re required	when reinstating)	DATE	Change  Change	ORS IN 12 Addition Addition Addition	
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SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME	Signature, typed or printed name of registe OFFICEI D LEONARD, CHARLES 1140 NE 39TH ST. CAPE CORAL FL 33909 D COBB, DAVID 16321 SLATER RD. CAPE CORAL FL 33990	red agent and title if applicable.  RS AND DIRECTORS	(NOTE: Re	13. 1.1 TITL 1.2 NAW 1.3 STR 1.4 CITY 2.1 TITL 2.2 NAW 2.3 STR 2.4 CIT 3.1 TITL 3.2 NAW 3.3 STR 4.1 TITL 4.2 NAW 4.3 STR 4.4 CITY 5.1 TITL 5.2 NAW	gent signatu  E  ME  EET ADDRES  (-ST-ZIP  E  ME  EET ADDRES  Y-ST-ZIP  E  ME  ME  ME  ME  ME  ME  ME  ME  ME	re required	when reinstating)	DATE	Change  Change	ORS IN 12 Addition Addition Addition	
SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS	Signature, typed or printed name of registe OFFICEI D LEONARD, CHARLES 1140 NE 39TH ST. CAPE CORAL FL 33909 D COBB, DAVID 16321 SLATER RD. CAPE CORAL FL 33990	red agent and title if applicable.  RS AND DIRECTORS	(NOTE: Re	13. 1.1 TITL 1.2 NAW 1.3 STR 1.4 CITY 2.1 TITL 2.2 NAW 2.3 STR 3.1 TITL 3.2 NAW 3.3 STR 4.1 TITL 4.2 NAW 4.3 STR 4.1 TITL 5.1 TITL 5.2 NAW 5.3 STR	gent signatu  E  AE  EEET ADDRES  (-ST-ZIP  E  AE  EEET ADDRES  Y-ST-ZIP  E  ME  EEET ADDRES  Y-ST-ZIP  E  ME  EEET ADDRES  AE  EEET ADDRES  EEET ADRES  EEET ADDRES  EEET ADDRES  EEET ADDRES  EEET ADDRES  EEET ADRES  EEET ADDRES	re required	when reinstating)	DATE	Change  Change	ORS IN 12 Addition Addition Addition	
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14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like propowered.

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

**SIGNATURE:** 

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP