

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 15, 2003 8:00 am
Secretary of State

05-15-2003 90115 034 ***150.00

01/02/03

DOCUMENT # P99000024233

1. Entity Name
MACHINERY AND TOOL SOURCE, INC.



Principal Place of Business
**1100 NORTH 50TH STREET
UNIT 4A
TAMPA FL 33619**

Mailing Address
**1100 NORTH 50TH STREET
UNIT 4A
TAMPA FL 33619**



2. Principal Place of Business

5104 Rolling Fairway Dr
Suite, Apt. #, etc.

3. Mailing Address

5104 Rolling Fairway Dr
Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State
Valrico FL

City & State
Valrico FL

4. FEI Number **59-3571462**

Applied For
☐ Not Applicable

Zip
33594

Country

Zip
33594

Country

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

6. Name and Address of Current Registered Agent

**BROWN, CHARLES F
1100 NORTH 50TH STREET
UNIT 4A
TAMPA FL 33619**

7. Name and Address of New Registered Agent

Name **Charles F Brown**
Street Address (P.O. Box Number is Not Acceptable)
5104 Rolling Fairway Dr
City **Valrico** **FL** Zip Code **33594**

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

Signature, typed or printed name of registered agent and title if applicable.

(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. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D BROWN, CHARLES F
1100 NORTH 50TH STREET, UNIT 4A
TAMPA FL 33619** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**Charles Brown
5104 Rolling Fairway Dr
Valrico FL 33594** ☐ Change ☐ Addition

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

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

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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

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

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:

Charles F Brown

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

813-248 6683

Date

Daytime Phone #

CR2E034 (10/02)