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DOCUMENT # **P990000035838**

1. Entity Name

MACHINE TOOL ELECTRONICS, INC.

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

2210 W. DALE CIR.
ORLANDO FL 32720
DELAND,

Mailing Address

2210 W. DALE CIR.
ORLANDO FL 32720-8668
DELAND

C0003300



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2210 W. DALE CIR

3. Mailing Address

2210 W. DALE CIR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

DELAND, FL.

City & State

DELAND, FL.

4. FEI Number

59-357-1458

Applied For

Not Applicable

5. Certificate of Status Desired ☐\$8.75 Additional
Fee RequiredZip
32720Country
USZip
32720Country
US

6. Name and Address of Current Registered Agent

SHEPARD, RUSSELL

2210 W. DALE CIR.

ORLANDO FL 32720

DELAND,

7. Name and Address of New Registered Agent

Name

RUSSELL E SHEPARD

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

2210 W. DALE CIR.

City DELAND, FL.

FL

Zip Code
32720

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

2/22/00

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 State10. 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	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Add
NAME		NAME	PRESIDENT
STREET ADDRESS		STREET ADDRESS	RUSSELL E. SHEPARD
CITY-ST-ZIP		CITY-ST-ZIP	2210 W. DALE CIR. DELAND, FL. 32720
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/5/00

904-738-7878

Date

Daytime Phone #