

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000039346

1. Entity Name

MACHINE WORKS, INC.

FILED
Jul 05, 2000 8:00 am
Secretary of State

05-11-2000 90290 009 ***150.00

Principal Place of Business Mailing Address
187 SOUTH MAPLE STREET 187 SOUTH MAPLE STREET
PELLSMERE FL 32948 7103
618 WASHBURN RD
MELBOURNE FL 32934 MELBOURNE, FL 32934

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

05-0914812

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~POWERS, GEORGE E JR~~
~~187 SOUTH MAPLE STREET~~
~~PELLSMERE FL 32948~~

KATHY PIHLAJA LACINA
618 WASHBURN RD
MELBOURNE, FL
32934

Name KATHY PIHLAJA LACINA

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

City MELBOURNE

FL

Zip Code 32934

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

Kathy Pihlaja Lacina

PRESIDENT

DATE

4/26/2000

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 State

10. 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 D
NAME POWERS, GEORGE E JR
STREET ADDRESS 187 SOUTH MAPLE STREET
CITY-ST-ZIP PELLSMERE FL 32948 ☒ Delete

TITLE
NAME KENNETH SHEEHAN ☐ Change ☒ Addition
STREET ADDRESS 4696 NORTH FRIDAY CIRCLE
CITY-ST-ZIP COCOA, FL 32926 - Vice Pres.

TITLE D
NAME LACINA, KATHY PIHLAJA
STREET ADDRESS 618 WASHBURN ROAD
CITY-ST-ZIP MELBOURNE FL 32934 - PRESIDENT ☐ Delete

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

TITLE
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CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

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

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 empowered.

SIGNATURE:

KATHY PIHLAJA LACINA
Kathy Pihlaja Lacina

PRES.

4/26/2000

321 757-7269

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)