

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000065316

1. Entity Name  
ALTECNICA SAW & TOOL CORP.

**FILED**  
**Apr 26, 2001 8:00 am**  
**Secretary of State**  
04-26-2001 90109 009 \*\*\*150.00

Principal Place of Business

222 INDUSTRIAL BLVD  
#105  
NAPLES FL 34104

Mailing Address

222 INDUSTRIAL BLVD  
#105  
NAPLES FL 34104

00002042

2. Principal Place of Business

1726 Sycamore Terr.  
Suite, Apt. #, etc.

3. Mailing Address

1726 Sycamore Terr.  
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State  
Weston, FL.  
Zip  
33327  
Country  
U.S.A.

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Weston, FL.  
Zip  
33327  
Country  
U.S.A.

4. FEI Number 65-0936722

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

HEID, ALBERT B  
222 INDUSTRIAL BLVD  
UNIT 105  
NAPLES FL 34104

7. Name and Address of New Registered Agent

Name HEID ALBERT B.  
Street Address (P.O. Box Number is Not Acceptable)  
1726 SYCAMORE TERRACE  
City WESTON FL Zip Code 33327

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

*Albert B. Heid*  
Signature of registered agent and if applicable, (NOTE: Registered Agent signature required when reinstating)

04/19/01  
DATE

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, 2001 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	D	<input type="checkbox"/> Delete
NAME	HEID, ALBERT B	
STREET ADDRESS	222 INDUSTRIAL BLVD #105	
CITY-ST-ZIP	NAPLES FL 34104	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11:

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HEID ALBERT B.	
STREET ADDRESS	1726 SYCAMORE TERRACE	
CITY-ST-ZIP	WESTON, FL. 33327	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Albert B. Heid*  
04/18/01

Date

Daytime Phone #

CR2E034 (10/00)