2000 UNIFORM BUSINESS REPORT (UBR) FILED Feb 11, 2000 8:00 am Secretary of State DOCUMENT # **P99000074809** SOUTHEASTERN MACHINE WORKS, INC. 02-11-2000 90001 047 ***150.00 Mailing Address Principal Place of Business 4471 SW 67TH TERR. 4471 SW 67TH TERR. DAVIE FL 33314-3224 DAVIE FL 33314 PEGLIUUU 2. Principal Place of Business 3. Mailing Address 805 Industrial Ave ROS DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc Suite, Apt. #, etc. Applied For City & State City & State Flarida Not Aprillia . . . IVE OA \$8.75 Additional 5. Certificate of Status Desired Fee Required 32060 *२०*४० 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SAMPSON, JEFFREY D Street Address (P.O. Box Number is Not Acceptable) 14100 SW 36TH CT. Industrial DAVIE FL 33330 32060 atement for the purpose of changing its registered office or registered agent, or both, in the State of Florida 8. The above named e ed agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00. 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. TITLE Change ☐ Addition Delete TITLE Jeffery D. Samp. SAMPSON, JEFFREY D NAME NAME STREET ADDRESS STREET ADDRESS 14100 SW 36TH CT. CITY - ST - ZIP CITY-ST-ZIP DAVIE FL 33330 Change Addition ☐ Delete TITLE TITLE MIZE, JACK K JR NAME 805 Industrial STREET ADDRESS STREET ADDRESS 4471 SW 67TH TERR. CITY ST-7IP CITY-ST-ZIP-DAVIE FL Change Addition Oelete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Additior Change ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.