2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2003 8:00 am
Secretary of State
05-01-2003 90394 015 ***150.00

DOCUMENT # **P99000079659**

1. Entity Name
BID 4 MACHINES, INC.

Principal Place of Business	Mailing Address
8110 U.S. HIGHWAY 98 NORTH LAKELAND, FL 33809	8110 U.S. HIGHWAY 98 NORTH LAKELAND, FL 33809

[X] CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
5531 Myrtice Lane	5531 Myrtice Lane
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Lakeland FL	City & State: Lakeland FL
Zip: 33810-3200 Country: US	Zip: 33810-3200 Country: US

4. FEI Number **58-2495427** ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

JONES, TARA
8110 U.S. HIGHWAY 98 NORTH
LAKELAND, FL 33809

7. Name and Address of New Registered Agent

Name: Tara Jones
Street Address (P.O. Box Number Is Not Acceptable): 5531 Myrtice Lane
City: Lakeland FL Zip Code: 33810

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: Tara C Jones Tara C. Jones / President 4/24/03
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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D JONES, TARA 5531 MYRTICE LANE LAKELAND, FL 33810	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D JONES, HOWARD B JR. 5531 MYRTICE LANE LAKELAND, FL 33810	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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CR2E034 (10/02)

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: Tara C Jones TARA C. JONES 4/24/03 863/853-1076
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #