

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000087086

1. Entity Name

FLORIDA MACHINING SPECIALTIES INC.

FILED

May 02, 2000 8:00 am
Secretary of State

05-02-2000 90013 045 ***150.00

Principal Place of Business

Mailing Address

5030 UMBER WAY
TAMPA FL 33624

5030 UMBER WAY
TAMPA FL 33624

2. Principal Place of Business

12700 DUPONT CIRCLE

3. Mailing Address

12700 DUPONT CIRCLE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

TAMPA FL 33626

City & State

TAMPA FL 33626

4. FEI Number

59-3597901

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BOYANAPALLI, VENKATA S
5030 UMBER WAY
TAMPA FL 33624

Name BOYANAPALLI, VENKATA S

Street Address (P.O. Box Number is Not Acceptable)
12700 DUPONT CIRCLE

City TAMPA

FL

Zip Code
33626

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

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 ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME P
STREET ADDRESS BOYANAPALLI, VENKATA S
CITY-ST-ZIP 12700 DUPONT CIRCLE
TAMPA FL 33626

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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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

Date

Daytime Phone #

CR2E034 (9/99)

04/10/2000