

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2000 8:00 am
Secretary of State
 04-24-2000 90046 050 ***150.00

DOCUMENT # P99000092427

1. Entity Name

H & K MACHINE, INC.

Principal Place of Business

Mailing Address

**8440 52ND LANE NORTH
 PINELLAS PARK FL 33781**

**8440 52ND LANE NORTH
 PINELLAS PARK FL 33781-1580**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3602868

Applied For

Not Applicable

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

**HAGER, SCOTT A
 8440 52ND LANE NORTH
 PINELLAS PARK FL 33781**

Name

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

City

FL

Zip Code

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	<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	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	2ND VICE PRES. TREASURER <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCOTT A. HAGER
STREET ADDRESS	8440 52ND LANE NORTH
CITY-ST-ZIP	PINELLAS PARK, FL 33781
TITLE	1ST VICE PRESIDENT, SEC. <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JEFFREY KOSZEGI
STREET ADDRESS	8894 ROBIN RD.
CITY-ST-ZIP	SEMINOLE, FL 33777
TITLE	PRESIDENT <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VALERIE A. HAGER
STREET ADDRESS	8440 52ND LANE N.
CITY-ST-ZIP	PINELLAS PARK, FL 33781
TITLE	DIRECTOR <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCOTT A. HAGER
STREET ADDRESS	8440 52ND LANE N.
CITY-ST-ZIP	PINELLAS PARK, FL 33781
TITLE	DIRECTOR <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JEFFREY KOSZEGI
STREET ADDRESS	8894 ROBIN RD.
CITY-ST-ZIP	SEMINOLE, FL 33777
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: *Valerie A. Hager* **REQUIRED**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/17/00

Date

727-341-4079
 Daytime Phone #

CR2E034 (9/99)