

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
Feb 07, 2002 8:00 am  
Secretary of State

02-07-2002 90030 022 \*\*\*150.00

**DOCUMENT # P99000092427**

1. Entity Name  
**H & K MACHINE, INC.**

Principal Place of Business

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

Mailing Address

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

00018523



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**10921 ENDEAVOUR WAY  
Suite, Apt. #, etc.  
UNIT A-5**

3. Mailing Address

**10921 ENDEAVOUR WAY  
Suite, Apt. #, etc.  
UNIT A-5**

City & State

**LARGO FL**

City & State

**LARGO FL**

4. FEI Number

**59-3602868**

Applied For

Not Applicable

Zip  
**33777**

Country  
**USA**

Zip  
**33777**

Country  
**USA**

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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 *Scott A Hager*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**1-21-02**  
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, 2002 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 **VPT** ☐ Delete  
NAME **HAGER, SCOTT**  
STREET ADDRESS **8440 52ND LN. N.**  
CITY-ST-ZIP **PINELLAS PARK FL 33781**

TITLE **P.S.** ☐ Delete  
NAME **HAGER, VALERIE**  
STREET ADDRESS **8440 52ND LN. N.**  
CITY-ST-ZIP **PINELLAS PARK FL 33781**

TITLE **D** ☐ Delete  
NAME **HAGER, SCOTT**  
STREET ADDRESS **8440 52ND LN. N.**  
CITY-ST-ZIP **PINELLAS PARK FL 33781**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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: *Scott A Hager*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1-22-01**

**727-544-1860**

Date

Daytime Phone #

CR2E034 (9/01)