

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 28, 2000 8:00 am
Secretary of State

01-28-2000 90121 006 ***150.00

DOCUMENT # S35282

1. Entity Name

MACHINE TOOL CONCEPTS, INC.

Principal Place of Business

Mailing Address

21311 SWEETWATER LN N
 BOCA RATON FL 33428
 US

21311 SWEETWATER LN N
 BOCA RATON FL 33498-6304
 US

000040



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

18723 ANCHOR DR

18723 ANCHOR DR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

BOCA RATON FL

BOCA RATON, FL

4. FEI Number

65-0252901

Applied For

Not Applicable

Zip

Country

Zip

Country

33498

33498

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

HAIGHT, NICHOLAS
21311 SWEETWATER LN N
BOCA RATON FL 33428

Name

HAIGHT NICHOLAS

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

18723 ANCHOR DR

City

BOCA RATON

FL

Zip Code

33498

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

Nicholas Haight **NICHOLAS HAIGHT PRESIDENT**

1/100

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 **PTS**
 STREET ADDRESS **HAIGHT, NICHOLAS**
 CITY-ST-ZIP **21311 SWEETWATER LN N**
BOCA RATON FL 33428

TITLE Change Addition
 NAME
 STREET ADDRESS **18723 ANCHOR DR**
 CITY-ST-ZIP **BOCA RATON FL 33498**

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
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TITLE Delete
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 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:

Nicholas Haight **REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/24/00

Date

561-893-7972

Daytime Phone #

CR2E034 (9/99)