## 2002 Uniform Business Report (UBR)

SIGNATURE:

## Apr 10, 2002 8:00 am Secretary of State **DOCUMENT #** S93822 1. Entity Name 04-10-2002 90670 027 \*\*\*150 00 INTERNATIONAL MACHINERY BROKERS, INC. Mailing Address Principal Place of Business 12532 SUMMERWOOD DR 12532 SUMMERWOOD DR FT MYERS FL 33908 FT MYER\$ FL 33908 B0064774 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State 4. FEI Number Applied For City & State 65-0288608 Not Applicable Country Zip \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent EDWARDS, JANET Street Address (P.O. Box Number is Not Acceptable) 12532 SUMMERWOOD DRIVE FORT MYERS FL 33908 City 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, 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 FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. ☐ Addition Change TITLE TITLE ☐ Delete LUYSTER, JANET NAME NAME STREET ADDRESS STREET ADDRESS 221 ROBINWOOD CIR CITY-ST-ZIP SANIBEL FL CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME EDWARDS, JANET STREET ADDRESS STREET ADDRESS 12532 SUMMERWOOD DR CITY-ST-ZIP CITY-ST-ZIP FT MYERS FL 33908 TITLE ☐ Change ☐ Addition - 🖃 Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete ☐ Change TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 orderess, with an orderess, with an orderess.