2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State
05-05-2003 91411 013 ***150.00

DOCUMENT #V35433

1. Entity Name
FIRST MACHINERY CO., INC.

Principal Place of Business	Mailing Address
601 ELKCAM CIR SUITE A1-A MARCO ISLAND, FL 33937	601 ELKCAM CIR SUITE A1-A MARCO ISLAND, FL 33937

20041288

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
677 SOLANA CT.	677 SOLANA CT.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: MARCO ISLAND, FL	City & State: MARCO ISLAND, FL
Zip: 34145 Country: COLLIER	Zip: 34145 Country: COLLIER

4. FEI Number 65-0333873 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

COHEN, JEFFREY ROY
~~17002 W DIXIE HWY~~
~~N MIAMI BEACH, FL~~ 33160

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)
279 SUNNY ISLES BLVD.

City SUNNY ISLES BEACH FL Zip Code 33160

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE ________ 4/29/03
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D FIRSTENBERG, RICHARD ~~601 ELKCAM CIR #A1-A~~ ~~MARCO ISLAND~~, FL ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 677 SOLANA CT MARCO ISLAND FL 34145
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CR2E034 (10/02)

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE X ________ 4/30/03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #