

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 25, 2000 8:00 am**  
**Secretary of State**  
 04-25-2000 90049 007 \*\*\*150.00

**DOCUMENT # V42684**

1. Entity Name

**SIERRA MANUFACTURING, INC.**

Principal Place of Business

Mailing Address

100 MINGO TRAIL  
 LONGWOOD FL 32750  
 US

100 MINGO TRAIL  
 LONGWOOD FL 32750-5143  
 US

2. Principal Place of Business

3. Mailing Address

165 Mingo Trail  
 Suite, Apt. #, etc.

165 Mingo Trail  
 Suite, Apt. #, etc.

City & State

City & State

Longwood FL

Longwood FL

Zip

Country

Zip

Country

32750

US

32750-5143

US

4. FEI Number

59-3129331

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

ADAMS, GARY D.  
 100 MINGO TRAIL  
 LONGWOOD FL 32750

Name

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

165 Mingo Trail

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	DPVT	<input type="checkbox"/> Delete
NAME	ADAMS, GARY D.	
STREET ADDRESS	100 ARROWHEAD CT	
CITY-ST-ZIP	WINTER SPRINGS FL 32708	
TITLE	VS	<input type="checkbox"/> Delete
NAME	NEWTON, GARY	
STREET ADDRESS	1918 SMOKETREE CIR	
CITY-ST-ZIP	APOPKA FL 32712	
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"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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STREET ADDRESS		
CITY-ST-ZIP		
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:

*Signature Required*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Gary D. Adams 4-14-00

407 332 0408

C-1 EX14 (9/99)