## <sup>1</sup>2000 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address, with

## **DOCUMENT # 457246** May 03, 2000 8:00 am Secretary of State 1. Entity Name TUCKER EQUIPMENT RENTAL AND SALES, INC. 05-03-2000 90052 034 \*\*\*150.00 Mailing Address Principal Place of Business 113-11TH ST 113-11TH ST NEPTUNE BCH FL 32266-3374 NEPTUNE BCH FL 32266 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. City & State City & State 4. FEI Number Applied For 59-1543743 Not Applicable Country \$8.75 Additional Zip Country Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name PERSONS, ROBERT JR. Street Address (P.O. Box Number is Not Acceptable) 2215 S. 3RD ST., SUITE 101 JACKSONVILLE BEACH FL 32250 Zip Code City 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. DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 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 ☐ Change ☐ Addition ☐ Delete TITE TUCKER, ADELAIDE R NAME NAME STREET ADDRESS STREET ADDRESS 42-11TH STREET CITY-ST-7IP ATLANTIC BCH, FL 00000 CITY-ST-ZIP ☐ Addition ☐ Delete TITLE Change TITLE RICHARDS, KENNETH G NAME 1885 HICKORY LANE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ATLANTIC BCH, FL 00000 Addition-Change ☐ Delete TITLE RUNYON III, NORMAN NAME 6676 RAMOTH DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-7IP JACKSONVILLE FL CITY-ST-ZIP ☐ Addition ☐ Delete TITLE RICHARDS, JEAN NAME NAME 1885 HICKORY LANE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE ATLANTIC BEACH FL ☐ Change · ☐ Addition ☐ Delete TITLE TITLE RICHARDS, JOSEPHINE O NAME NAME STREET ADDRESS STREET ADDRESS 1633 PARK TERR E CITY-ST-ZIP CITY-ST-ZIP ATLANTIC BEACH FL 32233 ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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