

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 06, 2000 8:00 am
Secretary of State

09-06-2000 90097 032 ***550.00

DOCUMENT # F99000002176

1. Entity Name
J & L EQUIPMENT CO., INC.

Principal Place of Business Mailing Address
3 BEAUFORT RD **3 BEAUFORT RD**
BLOOMSBURG NJ 08804 **BLOOMSBURG NJ 08804**

2. Principal Place of Business 3. Mailing Address
108 Beaufort Rd. **108 Beaufort Rd.**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
Bloomsbury NJ **Bloomsbury NJ**
 Zip Zip Country Country
08804 **08804**

4. FEI Number **22-3536869** Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

JOHNSON, LAREN K
3066 PANAMA DR.
MELBOURNE FL 32934

Name
 Street Address (P.O. Box Number is Not Acceptable)
4819 Erin Lane
 City **Melbourne** **FL** Zip Code
32940

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 *Lauren K Johnson* Lauren K Johnson 8/3/00
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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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 NAME STREET ADDRESS CITY-ST-ZIP	PS JOHNSON, LAUREN K 3 BEAUFORT RD BLOOMSBURG NJ 08804 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 108 Beaufort Rd. Bloomsbury, NJ 08804
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *Lauren K Johnson* Lauren K Johnson 8/3/00 908 479-4204
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (5/00)