


04-24-2003 90280 010 ***150.00

**2003 FOR PROFIT CORPORATION
 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P92000004487		
1. Entity Name SERVICE TRACTOR & EQUIPMENT, INC.		
Principal Place of Business 1911 NW 32ND ST. POMPANO BEACH, FL 33064	Mailing Address P.O. BOX 3051 BOCA RATON, FL 33431	

11014041



2. Principal Place of Business		3. Mailing Address <i>1911 NW 32nd Street</i>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State <i>Pompano Beach, FL</i>	
Zip	Country	Zip <i>33064</i>	Country <i>USA</i>

CHECK HERE IF MAKING CHANGES

4. FEI Number 65-0374279				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				6. Name and Address of Current Registered Agent	
BERGER, JAMES L BERGER DAVIS & SINGERMAN 350 E. LAS OLAS BLVD., STE. 1000 FT. LAUDERDALE, FL 33301				7. Name and Address of New Registered Agent	
				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ 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
 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	PSTD	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	FRIEDKIN, MONTE			NAME			
STREET ADDRESS	1911 NW 32 STREET			STREET ADDRESS			
CITY-ST-ZIP	POMPANO BEACH, FL 33064			CITY-ST-ZIP			

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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:  DATE: *4/17/03* DAYTIME PHONE #: *954.972.3222*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/02)