## 2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE: MR. LEWIS IR: TARMSTRON

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

## FILED Sep 06, 2000 8:00 am Secretary of State DOCUMENT # P93000078938 1. Entity Name ARMSTRONG EQUIPMENT, INC. 09-06-2000 90100 011 \*\*\*550.00 Principal Place of Business Mailing Address 2001 N.W. 93RD AVE. 2001 N.W. 93RD AVE. STE #A112 STE #A112 DOBOACAT MIAMI FL 33172 MIAMI FL 33172 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 65-0510653 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name TIMOTHY CARL BLAKE P.A. Street Address (P.O. Box Number is Not Acceptable) CONCORD BUILDING, SUITE 606 66 WEST FLAGLER ST. MIAMI FL 33130 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. 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 \$550.00 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 SEPTEMBER 13, 2000 Min. will be \$750.00 Trust Fund Contribution. Added to Fees (See criteria on back) П Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. PD TITLE Change ☐ Addition TITLE ☐ Delete ARMSTRONG, LEWIS R NAME NAME STREET ADDRESS STREET ADDRESS 13553 S.W. 58TH ST. CITY-ST-ZIP CITY-ST-79P MIAMI FL Change ☐ Addition STD TITLE Delete TITLE NAME ARMSTRONG, EVELYN S NAME STREET ADDRESS STREET ADDRESS -13553 S.W. 58TH ST. CITY-ST-7IP CITY-ST-ZIP MIAMI FL Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CiTY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP City-St-7IP 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

09-01-00

Date

305-592-8361

Daytime Phone #