

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)


**FILED**  
**Apr 14, 2003 8:00 am**  
**Secretary of State**

04-14-2003 90406 042 \*\*\*158.75

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**DOCUMENT # P93000078938**

1. Entity Name  
**ARMSTRONG EQUIPMENT, INC.**



Principal Place of Business  
**2001 N.W. 93RD AVE.  
MIAMI FL 33172  
US**

Mailing Address  
**2001 N.W. 93RD AVE.  
MIAMI FL 33172  
US**

2. Principal Place of Business  
**ARMSTRONG EQUIPMENT, INC**

3. Mailing Address  
**2001 NW 93RD AVE.**

Suite, Apt. #, etc.

City & State  
**MIAMI, FLORIDA**

Zip Country  
**33172 USA**



CHECK HERE IF MAKING CHANGES

4. FEI Number **65-0510653** Applied For  Not Applicable

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

6. Name and Address of Current Registered Agent  
**TIMOTHY CARL BLAKE P.A.  
CONCORD BUILDING, SUITE 606  
66 WEST FLAGLER ST.  
MIAMI FL 33130**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**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 NAME STREET ADDRESS CITY-ST-ZIP	<b>PD ARMSTRONG, LEWIS R 13553 S.W. 58TH ST. MIAMI FL</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>STD ARMSTRONG, EVELYN S 13553 S.W. 58TH ST. MIAMI FL</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: \_\_\_\_\_** **SIGNATURE REQUIRED** **MR. LEWIS R. ARMSTRONG** **305-592-3361**  
Date **4-8-03** Daytime Phone # \_\_\_\_\_

CR2E034 (10/02)