

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L92088

1. Entity Name

CONSTRUCTION EQUIPMENT ATTACHMENTS, INC.

Principal Place of Business

Mailing Address

3406 HWY. 92 E.  
PLANT CITY FL 33566

3406 HWY. 92 E.  
PLANT CITY FL 33566

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 59-3039502

Applied For  
Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PARKER WD  
3406 HWY 92 E  
PLANT CITY FL 33566

Name Joe D. Moscon

Street Address (P.O. Box Number is Not Acceptable)

3406 HWY 92 East

City

Plant City

FL

Zip Code

33566

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

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 \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**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	V.	<input type="checkbox"/> Delete
NAME	PARKER, WD	
STREET ADDRESS	3406 HWY 92 E	
CITY-ST-ZIP	PLANT CITY FL	
TITLE	P	<input type="checkbox"/> Delete
NAME	PARKER, SCOTT	
STREET ADDRESS	3406 HWY 92 E	
CITY-ST-ZIP	PLANT CITY FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	PARKER, ANTHONY	
STREET ADDRESS	3406 HWY 92 E	
CITY-ST-ZIP	PLANT CITY FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	Pres.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Joe D. Moscon	
STREET ADDRESS	793 AUTUMN OAKS CL	
CITY-ST-ZIP	Collierville TN 38017	
TITLE	V.P.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Joseph James Moscon	
STREET ADDRESS	498 SAGEWOOD	
CITY-ST-ZIP	Collierville TN 38017	
TITLE	S.D.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Nicholas A. Moscon	
STREET ADDRESS	722 LOGAN DERRY AVE 202	
CITY-ST-ZIP	Plant City FL 33566	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Joe D. Moscon

Date

1-12-01

Daytime Phone #

901-854-4250

FILED  
Jan 22, 2001 8:00 am  
Secretary of State

01-22-2001 90096 042 \*\*\*158.75

900000



DO NOT WRITE IN THIS SPACE

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CR2E034 (10/00)