

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 24, 2002 8:00 am
Secretary of State

03-24-2002 90029 046 ***150.00

DOCUMENT # 236131
1. Entity Name
SOUTHERN TOOL & EQUIPMENT COMPANY

Principal Place of Business
5625 NW 79 AVE
MIAMI FL 33166
US

Mailing Address
5625 NW 79 AVE
MIAMI FL 33166
US

2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State

Zip **Country**

4. FEI Number **59-0899662** **Applied For**
Not Applicable

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

6. Name and Address of Current Registered Agent

THOMPSON, CLYDE
5841 S W 91ST AVENUE
MIAMI FL 33173

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.

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, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

11. OFFICERS AND DIRECTORS

TITLE **DCP** ☐ **Delete**
NAME **THOMPSON, ALINE**
STREET ADDRESS **5841 S W 91ST AVENUE**
CITY-ST-ZIP **MIAMI FL**

TITLE **TD** ☐ **Delete**
NAME **THOMPSON, CLYDE**
STREET ADDRESS **5841 S W 91ST AVENUE**
CITY-ST-ZIP **MIAMI FL**

TITLE **DV** ☐ **Delete**
NAME **THOMPSON, ROBERT**
STREET ADDRESS **5502 S.W. 100 TERR**
CITY-ST-ZIP **COOPER CITY FL**

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ **Change** ☐ **Addition**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Change** ☐ **Addition**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ **Change** ☐ **Addition**
NAME **THOMPSON, ROBERT**
STREET ADDRESS **12840 CLEAR RIDGE RD.**
CITY-ST-ZIP **KNOXVILLE, TN 37922**

TITLE ☐ **Change** ☐ **Addition**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Change** ☐ **Addition**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Change** ☐ **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 *Alina Thompson* **ALINE THOMPSON** **3/4/02** **305-271-5110**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **Date** **Daytime Phone #**

CR2E034 (9/01)