

UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 277229

Entity Name

PIPPIN TRACTOR AND EQUIPMENT INC

FILED
Apr 26, 2000 8:00 am
Secretary of State

04-26-2000 90207 016 ***150.00

Principal Place of Business

Mailing Address

ORANGE AVENUE
PIERCE FL 34947

3326 ORANGE AVENUE
FT PIERCE FL 34947-3562

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PIPPIN, H.L.
3326 ORANGE AVENUE
FT. PIERCE FL 34947

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, 2000 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	C	<input type="checkbox"/> Delete
NAME	PIPPIN, H L	
STREET ADDRESS	1875 BAY ROAD #316	
CITY-ST-ZIP	VERO BEACH FL	
TITLE	P	<input type="checkbox"/> Delete
NAME	HARVEY, JOSEPH R. III	
STREET ADDRESS	805 25TH AVE	
CITY-ST-ZIP	VERO BEACH FL	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	PIPPIN, ADAM L	
STREET ADDRESS	3250 N KINGS HWY	
CITY-ST-ZIP	FT PIERCE FL	
TITLE	ST	<input checked="" type="checkbox"/> Delete
NAME	CAMPBELL, LESTER	
STREET ADDRESS	138 CROSSPOINT DR	
CITY-ST-ZIP	PORT ST LUCIE FL 34983	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	EX V.P.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Jim Mehaffey	
STREET ADDRESS	7376 Pinecreek Way	
CITY-ST-ZIP	Ft. Pierce, Fl. 34986	
TITLE	V.P.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Jack Childs	
STREET ADDRESS	60 Plantation Blvd	
CITY-ST-ZIP	Lake Worth, Fl. 33467	
TITLE	ST	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Tracy Hysell	
STREET ADDRESS	2204 Elizabeth Ave	
CITY-ST-ZIP	Ft. Pierce, Fl. 34982	
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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-18-2000

Date

Daytime Phone #

CR2E034 (9/99)