

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 30, 2001 8:00 am**  
**Secretary of State**  
 04-30-2001 90114 026 \*\*\*150.00

**DOCUMENT # 277229**

1. Entity Name

**PIPPIN TRACTOR AND EQUIPMENT, INC.**

Principal Place of Business

**3326 ORANGE AVENUE  
 FT PIERCE FL 34947**

Mailing Address

**3326 ORANGE AVENUE  
 FT PIERCE FL 34947**

2. Principal Place of Business

**3200 N. Kings Hwy**

Suite, Apt. #, etc.

3. Mailing Address

**3200 N. Kings Hwy**

Suite, Apt. #, etc.

City & State

**Ft. Pierce, Fl.**

Zip

**34951**

Country

**St. Lucie**

City & State

**Ft. Pierce, Fl.**

Zip

**34951**

Country

**St. Lucie**

4. FEI Number

**59-1111328**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name

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

**3200 N. Kings Hwy**

City

**Ft. Pierce**

**FL**

Zip Code

**34951**

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

TITLE	<b>C</b>	<input type="checkbox"/> Delete
NAME	<b>PIPPIN, H L</b>	
STREET ADDRESS	<b>1875 BAY ROAD #316</b>	
CITY-ST-ZIP	<b>VERO BEACH FL</b>	
TITLE	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>HARVEY, JOSEPH R. III</b>	
STREET ADDRESS	<b>805 25TH AVE</b>	
CITY-ST-ZIP	<b>VERO BEACH FL</b>	
TITLE	<b>ST</b>	<input type="checkbox"/> Delete
NAME	<b>HYSELL, TRACY</b>	
STREET ADDRESS	<b>2204 ELIZABETH AVE</b>	
CITY-ST-ZIP	<b>FORT PIERCE FL 34982</b>	
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		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<b>President</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Harvey, Joseph R. III</b>	
STREET ADDRESS	<b>7625 14th Lane</b>	
CITY-ST-ZIP	<b>VERO Beach, FL.</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<b>VP</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Childs, Jack</b>	
STREET ADDRESS	<b>60 Plantation Blvd</b>	
CITY-ST-ZIP	<b>Lake Worth, FL.</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<b>Asst Sec/Treas</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Raymond, Ida Lorraine</b>	
STREET ADDRESS	<b>7204 Don Lon Rd</b>	
CITY-ST-ZIP	<b>Ft. Pierce, FL.</b>	

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:

*Joseph R. Harvey, III*

**Joseph R. Harvey, III**

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/24/01**

Date

**561-461-7896**

Daytime Phone #

CR2E034 (10/00)