

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 367321

1. Entity Name

H & S EQUIPMENT RENTAL, INC.

Principal Place of Business

3004 SILVER STAR RD
ORLANDO FL 32808
US

Mailing Address

P O BOX 547097
ORLANDO FL 32854
US

2. Principal Place of Business

632 Stetson St
Suite, Apt. #, etc.

3. Mailing Address

632 Stetson St
Suite, Apt. #, etc.

City & State

Orlando, FL

Zip

Country

32804

City & State

City & State

Orlando, FL

Zip

Country

32804

4. FEI Number 59-1300890

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

HOOD, CHARLES M. III
3004 SILVER STAR RD
ORLANDO FL 32808

Name

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

City

Orlando

FL

Zip Code

32804

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]*

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	DC	<input type="checkbox"/> Delete
NAME	HOOD, CHARLES M III	
STREET ADDRESS	P O BOX 547097	
CITY-ST-ZIP	ORLANDO FL 32854	
TITLE	PD	<input type="checkbox"/> Delete
NAME	HOOD, JOHN E	
STREET ADDRESS	P O BOX 547097	
CITY-ST-ZIP	ORLANDO FL 32854	
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		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	1210 Lancaster Dr	
CITY-ST-ZIP	Orlando, FL 32804	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	1428 Oak Point	
CITY-ST-ZIP	Apopka, FL 32792	
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Ted Weinstein	
STREET ADDRESS	632 Stetson St	
CITY-ST-ZIP	Orlando, FL 32804	
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]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
May 15, 2001 8:00 am
Secretary of State

05-15-2001 90072 045 ***150.00

976356



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)