

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 415551

1. Entity Name

RCML EQUIPMENT, INC.

FILED
Jul 18, 2000 8:00 am
Secretary of State

07-18-2000 90010 010 ***550.00

Principal Place of Business

761 ISLAND WAY
CLEARWATER FL 33767

Mailing Address

761 ISLAND WAY
CLEARWATER FL 33767

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1441186

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

STROHAUER, GARY N.
1150 CLEVELAND STREET
SUITE 300
CLEARWATER FL 34615

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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 PDS
NAME SMOOT, R. D. (CHRM)
STREET ADDRESS 761 ISLAND WAY
CITY-ST-ZIP CLEARWATER FL 33767 ☐ Delete

TITLE VD
NAME SMOOT, C.G.
STREET ADDRESS 761 ISLAND WAY
CITY-ST-ZIP CLEARWATER FL 33767 ☐ Delete

TITLE D
NAME SMOOT, L.A.
STREET ADDRESS 1746 LAKE CYPRESS DR
CITY-ST-ZIP SAFETY HARBOR FL ☐ Delete

TITLE D
NAME DOUGLASS, MARGARET A
STREET ADDRESS 2938 FAIRWAY DR
CITY-ST-ZIP SUGARLAND TX ☐ Delete

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
STREET ADDRESS
CITY-ST-ZIP

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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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/14/00
Date

727-461-3226
Daytime Phone #

CR2E034 15/00