2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 440291

1. Entity Name

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Ems

SUPERIOR EQUIPMENT RENTAL, INC.

THIS CORPORATION IS IN N

FILED May 02, 2000 8:00 am Secretary of State

Daytime Phone #

2. Principal Place of Business 3. Mailing Address 5uite, Apt. #, etc. 5uite, Applied For. Not Applied For. Name and Address of New Registered Agent			THERE IS	S NO ACTIVI	O5-02-2000 900	017 048 ***150.00		
ACKSONNILE Ft. 2224 Substitute Ft. 2224 Ft. Ft. Substitute Ft. 2224 Ft. Substitute Ft	Principal Place of Business Mailing Address							
Sulle, Apt. #, etc. Sulle, Apt. #, etc. Sulle, Apt. #, etc. Sulle, Apt. #, etc. DO NOT WRITE IN THIS SPACE			JACKSONVILLE FL 32236-	6400	1 15 NOTE SE ÂN DISTRIBUIR (1984 48 18 1 1984 A	IDII 4:815 BIBN 81911 BIBN 81813 1	1 8 8)	
City & State Country Country Country Country Size Country 6. Name and Address of Current Registered Agent Name	2. Principal Place of	f Business	3. Mailing Address					
Time Post Country Zip Country Zip Country S. Certificate of Status Depired \$8.75 Additional rice Required \$8.75	Suite, Apt. #, etc.		Suite, Apt. #, etc.		DO NOT WRITE IN	THIS SPACE		
STEVENS, LEROY S. JR. S182 NB BEAVER ST. JACKSONVILLE FL 32205 8. The above named entity submiss this statement for the purpose of changing its registered diffice or registered agent, or both, in the State of Florida. SIGNATURE: 9. This corporation is eligible to satisfy its imangible. To thing requirement and elects to do so. Make Check Payable to Department of State PD Make S33 W BEAVER ST. JACKSONVILLE FL 32254 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11. OFFICERS AND DIRECTORS 13. STREET ADDRESS STREET	City & State		City & State		4. FEI Number 59-3040944			
STEVENS, LEROY S. JR. \$353 W. BEAVER ST. JACKSONVILLE FL 32205 Gity FL Zip Code Gi	Zip	Country	Zip	Country	5. Certificate of Status Desired	\$8.75 Additional		
STEVENS, LEROY S. JR. 5353 W. BEAVER ST. JACKSONVILLE FL 32266 City FL Zip Code Ci	6.	Name and Address of Current I	Registered Agent		7. Name and Address of New Regist	ered Agent -		
SSGS W. BEAVER ST. JACKSONVILLE FIL 32005 City FL Zip Code	<u>-</u>			Name				
8. The above named entity submits this statement for the purpose of changing its registered affice or registered agent, or both, in the State of Florida. SIGNATURE 9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 THE NAME STEVENS, LERGY S. JR. STREET ADDRESS CITY-ST-2P JACKSONVILLE FL 32254 TITLE DAKE TO Belete TITLE NAME STREET ADDRESS CITY-ST-2P TITLE NAME STREET ADDRESS CITY-ST-2P TITLE NAME STREET ADDRESS CITY-ST-2P Delete TITLE NAME STREET ADDRESS CITY-ST-2P TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-2P TITLE NAME STREET ADDRESS CITY-ST-2P TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-2P TITLE NAME ST	5353 W. BEAVER ST.			Street Add	Street Address (P.O. Box Number is Not Acceptable)			
R. 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 9. This corporation is eligible to satisfy its Intangible Tax filling requirement and elects to do so. (See criteria on back) 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1 ITILE PD STEVENS, LEROY S. JR. STATE ADDRESS CITY-ST-2P JACKSONVILLE FL 32254 TITLE Delete TITLE Delete TITLE NAME STRET ADDRESS CITY-ST-2P TITLE NAME STRET ADDRESS CITY-ST-2P	JACKSON	VILLE FL 32205						
SIGNATURE 9. This corporation is eligible to satisfy its Intanglible Tax filling requirement and elects to do so. (See criteria on back) 11.	_			City		FL Zip Code		
9. This corporation is elligible to satisfy its Intangible Tax filing requirement and elects to do so. Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IT	8. The above name	d entity submits this statement for	the purpose of changing if	ts registered office or re	gistered agent, or both, in the State of Florida.			
9. This corporation is eligible to satisfy its Intlangible Tax filting requirement and elects to do so. (See criterian back) Defect	SIGNATURE			DEC 6			_	
Tax filing requirement and elects to do so (See criteria on back) Make Check Payable to Department of State Trust Fund Contribution. S.J.U. May Be Added to Fees	Signatur ————————	re, typed or printed name of registered agent a	nd title if applicable. (NC	TE: Registered Agent signature	equired when reinstating)	DAIE		
TILE NAME STEVENS, LEROY S. JR. Sass W BEAVER ST JACKSONVILE FL 32254 TILE NAME STREET ADDRESS	Tax filing requirement and elects to do so. After MAY 1, 20		2000 Fee will be \$550	Trust Fund Contribution.	g \$5.00 May Added to Fee			
NAME SIRET ADDRESS CITY-ST-2IP TITLE NAME STRET ADDRESS CITY-ST-2IP NAME STRET ADDRESS C	11.	OFFICERS AND	DIRECTORS	12.	ADDITIONS/CHANGES TO OFFICER	S AND DIRECTORS IN 1	1	
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CIT			☐ Delete	TITLE		☐ Change ☐ A	Addition	
CITY-ST-ZIP JACKSONVILLE FL 32254 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADD	L.							
TITLE NAME STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP								
NAME STREET ADDRESS CITY-ST-ZIP JAX. FL 32254 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS		KSONVILLE FL 32254					•	
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRE		N AMAMAKI KA	∟ Delete	I 1		Change A	Addition	
CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS		-		I				
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	1						. , .	
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS				GHT-51-ZH		_		
CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	TITLE I ''		Delete .	 }		Change A	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	TIBLE		- Delete	TITLE		Change A	Addition	
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	NAME		* 🗀 Delete	TITLE -		Change A	Addition	
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	NAME STREET ADDRESS		* 🖸 Delete	TITLE NAME STREET ADDRESS		Change A	Addition	
CITY-ST-ZIP TITLE NAME STREET ADDRESS	NAME STREET ADDRESS CITY-ST-ZIP			TITLE				
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME			TITLE - NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME				
NAME STREET ADDRESS CITY-ST-ZIP NAME OLITICE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS			TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS				
STREET ADDRESS CITY-ST-ZIP CIT	NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ A	Addition	
CITY-ST-ZIP CITY-ST-ZIP .* TITLE Delete TITLE	NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE		☐ Change ☐ A	Addition	
TITLE Delete TITLE Change Addition NAME STREET ADDRESS TITLE STREET ADDRESS	NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME		☐ Change ☐ A	Addition	
NAME STREET ADDRESS S	NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS		☐ Change ☐ A	Addition	
STREET ADDRESS STREET	NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ A ☐ Change ☐ A	Addition	
CITY-ST-ZIP CITY-ST-ZIP	NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE NAME THE NAME TREET ADDRESS CITY-ST-ZIP TITLE		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE TITLE TITLE TITLE		☐ Change ☐ A ☐ Change ☐ A	Addition	
	NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME TREET ADDRESS CITY-ST-ZIP TITLE NAME		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME		☐ Change ☐ A ☐ Change ☐ A	Addition	