

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 21, 2003 8:00 am
Secretary of State

04-21-2003 90492 045 ***150.00

DOCUMENT # 489413

1. Entity Name
S & L EQUIPMENT, INC.



Principal Place of Business
3490 HWY 301 15241 SE 47th AVE
COLEMAN FL 33521
SUMMERFIELD, FL, 34491

Mailing Address
P.O. BOX 69
COLEMAN FL 33521



2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 59-1633638	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent NASH, GEORGE J. 1010 N. WARNELL RD. (same as below) COLEMAN FL 33521	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD NASH, GEORGE J. 1010 N. WARNELL RD. COLEMAN FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD NASH, GEORGE J. 15241 SE 47th AVE SUMMERFIELD, FL 34491
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NASH, SARAH L. 1010 N. WARNELL RD. COLEMAN FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NASH, SARAH L. 15241 SE 47th AVE SUMMERFIELD, FL 34491
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NASH, GEORGE M. 524 N. WARNELL RD. COLEMAN FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **SIGNATURE REQUIRED** **4/15/03 352-367-3437**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E034 (10/02)