

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 506547

1. Entity Name

DOUG'S TRACTOR SERVICE, INC.

**FILED**  
**May 17, 2000 8:00 am**  
**Secretary of State**

05-17-2000 90910 008 \*\*\*150.00

Principal Place of Business

6000 NW 79TH AVE  
 MIAMI FL 33166

Mailing Address

6000 NW 79TH AVE  
 MIAMI FL 33166-2026

2. Principal Place of Business

8300 N.W. 93 St.

3. Mailing Address

Suite, Apt. #, etc.

City & State  
 Medley, FL

City & State

4. FEI Number 59-1942465

Applied For

Not Applicable

3. Mailing Address

Country USA

Zip

Country

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

SUTTON, JOHN R.  
 7721 S.W. 62 AVENUE, 1ST FLOOR  
 SOUTH MIAMI FL 33143

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 \$150.00**  
**After MAY 1, 2000 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 PD  
 NAME DEVINE, DOUGLAS  
 STREET ADDRESS 9801 MARLIN RD.  
 CITY-ST-ZIP MIAMI FL 33157

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ST  
 NAME DEVINE, CHARLENE  
 STREET ADDRESS 9801 MARLIN RD.  
 CITY-ST-ZIP MIAMI FL 33157

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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 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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)

Jan. 31, 2000 305.863.0471