

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 08, 2002 8:00 am
Secretary of State

0184245 AV

DOCUMENT # 533159

1. Entity Name

AMERICAN EQUIPMENT RENTAL, INC.

05-08-2002 90100 026 ***158.75

Principal Place of Business

DAVID & JOY ALLEY
1801 N. POWERLINE RD
POMPANO BCH FL 33069-1201

Mailing Address

DAVID & JOY ALLEY
1801 N. POWERLINE RD
POMPANO BCH FL 33069-1201

2. Principal Place of Business

1651 N. Powerline Rd

Suite, Apt. #, etc.

3. Mailing Address

1651 N. Powerline Rd.

Suite, Apt. #, etc.

City & State

Pompano Beach, FL

City & State

Pompano Beach, FL

Zip

33069

Country

USA

Zip

33069

Country

USA

4. FEI Number

59-1737077

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ALLEY, DAVID EUGENE
1801 N. POWERLINE ROAD
POMPANO BEACH FL 33060

7. Name and Address of New Registered Agent

Name **David Eugene Alley**

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

1651 N. Powerline Road

City

Pompano Beach, FL

Zip Code

33069

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, 2002 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

TITLE	PD	<input type="checkbox"/> Delete
NAME	ALLEY, DAVID EUGENNE	
STREET ADDRESS	1801 N POWERLINE RD	
CITY-ST-ZIP	POMPANO BCH. FL	
TITLE	V	<input type="checkbox"/> Delete
NAME	ALLEY, JOY WILLIAMSON	
STREET ADDRESS	1801 N POWERLINE RD	
CITY-ST-ZIP	POMPANO BCH. FL	
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		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Alky, David Eugene	
STREET ADDRESS	1651 N. Powerline Rd	
CITY-ST-ZIP	Pompano Beach, FL 33069	
TITLE	T/S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Alley, Joy Williamson	
STREET ADDRESS	1451 N. Powerline Rd	
CITY-ST-ZIP	Pompano Beach, FL 33069	
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		
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:

David Alley
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

David Alley

Date

4/22/02

Daytime Phone #

(404) 971-2506

CR2E034 (9/01)