

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 549168

1. Entity Name
TRI-STATE EQUIPMENT, INC.

FILED
Sep 14, 2000 8:00 am
Secretary of State

09-14-2000 90013 034 ***550.00

Principal Place of Business
HWY 129 SOUTH
PO BOX 1081
LIVE OAK FL 32060

Mailing Address
HWY 129 SOUTH
PO BOX 1081
LIVE OAK FL 32060



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
10264 U.S. 129 S
Suite, Apt. #, etc.

3. Mailing Address
10264 U.S. 129 S
Suite, Apt. #, etc.

City & State
Live OAK FL 32060

City & State
Live OAK FL 32060

Zip
32060

Country
SUW.

Zip
32060

Country
SUW.

4. FEI Number 59-1803317

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
BEAVER, JOHN, M, JR
RT 2 BOX 2999
LIVE OAK FL 32060

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 *John M. Beaver Jr*
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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BEAVER, JOHN M.		NAME		
STREET ADDRESS	U. S. 90 EAST		STREET ADDRESS		
CITY-ST-ZIP	LIVE OAK FL		CITY-ST-ZIP		
TITLE	S	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BEAVER, ALICE M.		NAME		
STREET ADDRESS	U. S. 90 EAST		STREET ADDRESS		
CITY-ST-ZIP	LIVE OAK FL		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: *John M. Beaver Jr*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-11-2000-904-364-1117
Date Daytime Phone #

CR2E034 (5/00)