

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2002 8:00 am
Secretary of State

05-05-2002 90081 014 ***150.00

DOCUMENT # 575082

1. Entity Name
LANKFORD EQUIPMENT COMPANY, INC.

Principal Place of Business

7010 SW 4TH ST.
MIAMI FL 33144

Mailing Address

7010 SW 4TH ST
MIAMI FL 33144

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1883237

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LANKFORD, JAMES B
7010 SW 4TH STREET
MIAMI, FL ABFL 33144

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

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 **ST** ☒ Delete
NAME **LANKFORD, DOROTHY J**
STREET ADDRESS **3309 NORTH INDIAN RIVER DRIVE**
CITY-ST-ZIP **FT PIERCE FL 34946**

TITLE **P** ☒ Delete
NAME **DENNIS, DONNA L**
STREET ADDRESS **9405 SW 144 ST**
CITY-ST-ZIP **MIAMI FL 33176**

TITLE **VP** ☒ Delete
NAME **LANKFORD, RANDY L**
STREET ADDRESS **STERLING DR**
CITY-ST-ZIP **MIAMI FL 33143**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **DENNIS, DONNA L.** ☒ Change ☐ Addition
NAME **9405 SW 144 ST.**
STREET ADDRESS **MIAMI, FL 33176** **PRESIDENT**
CITY-ST-ZIP

TITLE **LANKFORD, RANDY L.** ☒ Change ☐ Addition
NAME **STERLING DRIVE**
STREET ADDRESS **MIAMI, FL 33143** **V.P.**
CITY-ST-ZIP

TITLE **LANKFORD, DOROTHY J** ☒ Change ☐ Addition
NAME **3309 NINDIAN RIV DR.**
STREET ADDRESS **FT. PIERCE, FL 34946** **ST**
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/13/02 305-266-0800

CR2E034 (9/01)