

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2000 8:00 am
Secretary of State

04-17-2000 90012 007 ***150.00

DOCUMENT # 646417

1. Entity Name
MID-FLORIDA FORKLIFT, INC.

Principal Place of Business SOUTH ORANGE AVE FL 32824	Mailing Address 9856 SOUTH ORANGE AVE ORLANDO FL 32824-8402
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DO NOT WRITE IN THIS SPACE

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

4. FEI Number 59-1956895	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

**HALL, JAMES M.
 9856 S ORANGE AVE
 ORLANDO, FL
 32824**

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 _____ (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

TITLE VST	<input type="checkbox"/> Delete
NAME HALL, NANCY J	
STREET ADDRESS 9856 S ORANGE AVE	
CITY-ST-ZIP ORLANDO, FL 00000	
TITLE PD	<input type="checkbox"/> Delete
NAME HALL, JAMES M	
STREET ADDRESS 9856 S ORANGE AVE	
CITY-ST-ZIP ORLANDO, FL 00000	
TITLE D	<input type="checkbox"/> Delete
NAME HALL, NANCY J	
STREET ADDRESS 9856 S ORANGE AVE	
CITY-ST-ZIP ORLANDO FL	
TITLE V	<input type="checkbox"/> Delete
NAME SUTHERLAND, PAUL L. JR.	
STREET ADDRESS 9856 S. ORANGE AVE.	
CITY-ST-ZIP ORLANDO FL	
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	<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: *[Signature]* Date: **4/10/00** Daytime Phone #: **(407) 859-8750**

CR2E034 (9/00)