

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 680770

1. Entity Name

DELUXE EQUIPMENT, CO.

FILED
Feb 24, 2000 8:00 am
Secretary of State

02-24-2000 90043 045 ***150.00

Principal Place of Business

Mailing Address

4414 28TH STREET WEST
BRADENTON FL 34207
US

P.O. BOX 11390
BRADENTON FL 34282-1390
US

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

36-3073007

Applied For

Not Applicable

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

SMITH, GILBERT L.
7817 ALHAMBRA DRIVE
BRADENTON FL 34209

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 | NAME | STREET ADDRESS | CITY-ST-ZIP | <input type="checkbox"/> Delete |
|-------|-------------------|-----------------------|--------------|---------------------------------|
| | PTD | | | |
| | SMITH, SANDRA E. | 7817 ALHAMBRA DR. | BRADENTON FL | |
| | VSD | | | |
| | HAYDEN, WENDY D. | 4123 PALMA SOLA BLVD. | BRADENTON FL | |
| | D | | | |
| | SMITH, GILBERT L. | 7817 ALHAMBRA DR. | BRADENTON FL | |
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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: Sandra E. Smith Sandra E. Smith

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-8-00

Date

941-753-4184

Daytime Phone #

CR2E034 (9/99)