

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 691375

1. Entity Name

SAULS POWER EQUIPMENT, INC.

FILED
May 11, 2001 8:00 am
Secretary of State

05-11-2001 90087 044 ***150.00

Principal Place of Business
% LOYD S SAULS
1125 NORTH JEFFERSON STREET
MONTICELLO FL 32344

Mailing Address
% LOYD S SAULS
1125 NORTH JEFFERSON STREET
MONTICELLO FL 32344

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 **59-2107236**

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

SAULS, LOYD S
1125 NORTH JEFFERSON STREET
MONTICELLO FL 32344

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, 2001 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

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	NAME	TITLE	NAME
CD	SAULS, LOYD S 1125 NO JEFFERSON ST 72 MONTICELLO, FL 00000		
PTD	SAULS, CAROLYN W 1125 NO JEFFERSON ST 72 MONTICELLO, FL 00000		
VP	SNEED, SANDRA RT 2 BOX 15502 MONTICELLO FL		
VP	SAULS, JR., LOYD S. 1125 N. JEFFERSON ST. MONTICELLO FL		

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: *Carolyn W. Sauls* *Carolyn W. Sauls*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-27-01 850-997-5044

Date

Daytime Phone #

CR2E034 (10/00)