

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 19, 2000 8:00 a
Secretary of State

02-19-2000 90008 047 ***150.00

DOCUMENT # 840424

1. Entity Name

FLINT EQUIPMENT CO

Principal Place of Business

Mailing Address

7566 WEST TENNESSEE ST
P.O. BOX 6358
TALLAHASSEE FL 32304

7566 WEST TENNESSEE ST
P.O. BOX 6358
TALLAHASSEE FL 32304-9332

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 58-1174709

Applied
Not

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SLADE, HAROLD L, JR
1514 MEEKS ROAD
TALLAHASSEE FL 32308

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
Added to:

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
HAWKINS, EUGENE
1709-B S. SLAPPEY BLVD.
ALBANY GA ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
ST
HATHCOCK, BERNIE
4515 GILLIONSVILLE RD.
ALBANY GA ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VD
SLADE, HAROLD
1514 MEEKS ROAD
TALLAHASSEE FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
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HUTCHINS, KEITH
1004 SPRING HILL RD
ALBANY GA 31707 ☐ Delete

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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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 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 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

2/3/00

Date

(912) 888-

Daytime Phone #