FILED Jan 24, 2002 8:00 am

Secretary of State

01-24-2002 90363 002 ***150.00

2002 UNIFORM BUSINESS REPORT (UBR)

F0000000180 DOCUMENT # 1. Entity Name

PLANT EQUIPMENT, INC.

Principal Place of Business 42505 RIO NEEDO TEMECULA CA 92589

Mailing Address

42505 RIO NEEDO TEMECULA CA 92589

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



DO NOT WRITE IN THIS SPACE

City & State		City & State		4. FEI Number	Ш	Applied For	
				95-2580952			Not Applicable
Zip	Country	Zip	Country	5. Certificate of Status Desired	11 * *	3.75 A	Additional

Name

6. Name and Address of Current Registered Agent SONNENSCHEIN, MICHAEL D

1420 ALAFAYA TRAIL, SUITE 101 OVIEDO FL 32765

 . name	and A	aaress	of New	Hegisterea	Agent

Street Address (P.O. Box Number is Not Acceptable)

City			

Zip Code

FL

В.	The abov	re named	entity	submit	s this	statemer	t for t	he pu	rpose c	f ch	nanging	its re	gistere	d office	e or re	gistered	d agent,	, or both	, in the	State c	of Florida.

SIGNATURE Signature, typed or printed name of registered agent and title if applicable

9. This corporation is eligible to satisfy its Intangible

FILE NOW!!! FEE IS \$150.00

(NOTE: Registered Agent signature required when reinstating)

After May 1, 2002 Fee will be \$550.00

10. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Tax filing requirement and elects to do so. (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE Addition ☐ Delete TITLE ☐ Chance Joseph Bruno NAME FULLER, TIMOTHY J NAME 42505 RIO NEBO STREET ADORESS **42505 RIO NEEDO** STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TEMECULA CA 92589 TZMECULA CA 92589 Addition TITLE ☐ Delete TITLE Change NAME NAME LANCE KELLEY FULLER, JOHN K 42305 RIC NEDO STREET ADDRESS STREET ADDRESS 42505 RIO NEEDO CITY-ST-7IP CITY-ST-ZIP TEMECULA, CA 92585 -TEMECULA CA 92589 ☐ Delete Change Addition TITLE TITLE SD Parlu Graham NAME NAME SCHICK, PATRICIA A STREET ADDRESS STREET ADDRESS 42505 RIO NEDO **42505 RIO NEEDO** CITY-ST-ZIP CITY-ST-ZIP TEMECULA CA 92589 TEMECULA CA 92589 **CFO** ☐ Delete TITLE Change Addition NAME NAME RUTAN, DAVID Robert FREINBER STREET ADDRESS STREET ADDRESS 42505 RIGHTERD **42505 RIO NEEDO** CITY-ST-ZIP CITY-ST-7IP **TEMECULA CA 92589** ISMECULA CA 92 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME FULLER, NANCY J STREET ADDRESS STREET ADDRESS 238 NORTH BAY LANE CITY-ST-ZIP CITY-ST-ZIP FRIDAY HARBOR WA 98250-1554 TITLE ☐ Delete TITLE Change ☐ Addition NAME FULLER, JOHN H NAME STREET ADDRESS STREET ADDRESS 238 NORTH BAY LANE CITY-ST-ZIP CITY-ST-ZIP FRIDAY HARBOR WA 98250-1554

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:

AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/01)