

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 31, 2000 8:00 am**  
**Secretary of State**

05-31-2000 90017 022 \*\*\*150.00

**DOCUMENT # F04514**

1. Entity Name

**PWH EQUIPMENT & SERVICE COMPANY, INC.**

Principal Place of Business

Mailing Address

8610 CAUSEWAY BLVD.  
 TAMPA FL 33619-6652

8610 CAUSEWAY BLVD.  
 TAMPA FL 33619-6652

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 **59-2034141**

Applied For  
 Not Applicable

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

HUDSON, PATRICIA E.  
 8610 CAUSEWAY BLVD.  
 TAMPA FL 33619

Name James L Hudson, Jr.  
 Street Address (P.O. Box Number is Not Acceptable) 8007 Alafia Ridge Rd  
 City Riverview FL Zip Code 33569

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

*James L Hudson, Jr.*

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

5/1/00

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

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	NAME	TITLE	NAME
P	HUDSON, JAMES L		
STREET ADDRESS	8610 CAUSEWAY BLVD.		
CITY-ST-ZIP	TAMPA FL 33619		
ST	HUDSON, PATRICIA E.		
STREET ADDRESS	8610 CAUSEWAY BLVD.		
CITY-ST-ZIP	TAMPA FL 33619		

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:

*James L Hudson, Jr.*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/1/00 8136212077

Date Daytime Phone #

CR2E034 (9/99)