

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F63959

1. Entity Name

VANPELT EQUIPMENT CORPORATION

Principal Place of Business

509 CHURCH ST
NOKOMIS FL 34275
US

Mailing Address

509 CHURCH ST
PO BOX 1487
NOKOMIS FL 34274-1487

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

59-2236785

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

VAN PELT, CHRISTOPHER K
405 MURILLO DR.
NOKOMIS FL 33555

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

TITLE	PTD	<input type="checkbox"/> Delete
NAME	VAN PELT, CHRISTOPHER K	
STREET ADDRESS	405 MURILLO DR.	
CITY-ST-ZIP	NOKOMIS FL	
TITLE	S	<input type="checkbox"/> Delete
NAME	BROOKS, LORNE C.	
STREET ADDRESS	6898 HIGDON RD	
CITY-ST-ZIP	NORTH PORT FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	VAN PELT, EDWIN E SR	
STREET ADDRESS	2506 NORTHWAY DR	
CITY-ST-ZIP	VENICE, FL 00000	
TITLE	VD	<input type="checkbox"/> Delete
NAME	VAN PELT, JOYCE	
STREET ADDRESS	2506 NORTHWAY DR	
CITY-ST-ZIP	VENICE, FL 00000	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Christopher K VanPelt
1/21/00

Date

Daytime Phone #

944 484 1188

FILED
Jan 26, 2000 8:00 am
Secretary of State

01-26-2000 90203 049 ***150.00



DO NOT WRITE IN THIS SPACE