

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F93000001718

1. Entity Name

THEREQUIP, INC.

FILED
Feb 15, 2000 8:00 am
Secretary of State

02-15-2000 90040 028 ***150.00

Principal Place of Business

Mailing Address

2344 HWY. 33 BOX 170
SAUKVILLE WI 53080

2344 HWY. 33 BOX 170
SAUKVILLE WI 53080-1414

2. Principal Place of Business

3. Mailing Address

PO Box 170

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

39-1532112

Applied For

Not Applicable

Zip

Country

Zip

Country

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

SCHULTZ, DAVE
1842 S. SEGRAVE, UNIT C
SOUTH DAYTONA FL 32119

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P
NAME SCHULTZ, DAVE
STREET ADDRESS 458 COUNTY RD. 628
CITY-ST-ZIP BRECKENRIDGE CO ☐ Delete

TITLE P
NAME Dave Schultz
STREET ADDRESS 2344 Hwy 33
CITY-ST-ZIP Saukville WI 53080 ☒ Change ☐ Addition

TITLE VP
NAME PETERSON, MIKE
STREET ADDRESS 5950 SUNNY LA
CITY-ST-ZIP GRAFTON WI 53024 ☐ Delete

TITLE VP
NAME mike Peterson
STREET ADDRESS 2322 Hwy 33
CITY-ST-ZIP Saukville WI 53080 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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

Date

Daytime Phone #

CR2E034 (9/99)