

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 17, 2002 8:00 am**  
**Secretary of State**

07-17-2002 90129 008 \*\*\*150.00

**DOCUMENT # F94000003302**

1. Entity Name

**GENERAL EQUIPMENT & SUPPLY COMPANY, INC.**

Principal Place of Business

**3615 VENTURA DRIVE  
 LAKELAND FL 33811**

Mailing Address

**P.O. BOX 17408  
 GREENVILLE SC 29606**

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 **57-0817667**

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

**HALL, ROBERT D  
 3615 VENTURA DRIVE  
 LAKELAND FL 33811**

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. I am familiar with, and accept the obligations of registered agent.

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 \$550.00  
 After September 13, 2002 Fee will be \$750.00  
 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** ☐ Delete  
 NAME **HALL, ROBERT D**  
 STREET ADDRESS **33 WEST AVONDALE**  
 CITY-ST-ZIP **GREENVILLE SC**

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

TITLE **S** ☐ Delete  
 NAME **HALL, LISA**  
 STREET ADDRESS **33 WEST AVONDALE**  
 CITY-ST-ZIP **GREENVILLE SC**

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

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Change ☐ 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**

Date

Daytime Phone #

CR2E034 (4/02)

*Attachment*  
**GENERAL**



**Equipment & Supply**

# F94000003302  
121843

Post Office Box 17408  
Greenville, SC 29606-8408

1-800-800-6011  
1-864-243-5452

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3423 Fork Shoals Road, Simpsonville, SC 29680

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July 11, 2002

Divisions of Corporations  
Uniform Business Report Filings  
PO Box 1500  
Tallahassee, FL 32302-1500

To Whom It May Concern:

Enclosed, please find our check in the amount of \$150.00.

This letter is also a request for your forgiveness of the \$350.00 penalty that has been applied to our account. We did not receive the initial letter in the mail.

If you have any questions, please feel free to contact me at 800-800-6011 ext. 203.

Sincerely,

Tonya Sweatt  
Accounting Department

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*Quality Reconditioned Tools for the Electrical and Mechanical Contractor.*

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Corporate Fax 864-243-5204

Marketing Fax 864-243-5499

Sales Fax 864-243-5457