

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 07, 2002 8:00 am
Secretary of State

0604915 AT

DOCUMENT # F95000000751

1. Entity Name

CRUZEN EQUIPMENT COMPANY, INC.

03-07-2002 90232 037 ***150.00

Principal Place of Business

**P.O. BOX 9333
 MEMPHIS TN 38190-0333**

Mailing Address

**P.O. BOX 9333
 MEMPHIS TN 38190-0333**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

62-0545472

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

**C T CORPORATION SYSTEM
 1200 S. PINE ISLAND RD.
 PLANTATION FL 33324**

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, 2002 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 ☐ Delete
 NAME **PD**
 STREET ADDRESS **CRUZEN, PHILIP W**
 CITY-ST-ZIP **160 W. MALLORY AVE.
 MEMPHIS TN 38109-2297**

TITLE ☒ Change ☐ Addition
 NAME **P/S/D**
 STREET ADDRESS **CRUZEN, PHILIP W**
 CITY-ST-ZIP **160 W MALLORY AVE
 MEMPHIS, TN 38109-2297**

TITLE ☐ Delete
 NAME **VD**
 STREET ADDRESS **BRYAN, WILLIAM J**
 CITY-ST-ZIP **160 W. MALLORY AVE.
 MEMPHIS TN 38109-2297**

TITLE ☒ Change ☐ Addition
 NAME **V/T/D**
 STREET ADDRESS **BRYAN, WILLIAM J.**
 CITY-ST-ZIP **160 W. MALLORY AVE.
 MEMPHIS, TN 38109-2297**

TITLE ☐ Delete
 NAME **ATRE**
 STREET ADDRESS **GRONKE RUTH L**
 CITY-ST-ZIP **160 W MALLORY AVE
 MEMPHIS TN 38109-2297**

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

TITLE ☒ Delete
 NAME **STD**
 STREET ADDRESS **SPENCER, DAVID K**
 CITY-ST-ZIP **160 W MACCORE AVE
 MOMPHTS TN 35109-2297**

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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:

WILLIAM J. BRYAN

01/11/2002 (901) 774-3130

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E034 (9/01)