

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F97000002009

1. Entity Name
ROSS EQUIPMENT CO., INC.

Principal Place of Business
1320 UNIVERSITY AVE
ROCHESTER NY 14607
US

Mailing Address
PO BOX 10248
ROCHESTER NY 14610

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 16-0795196

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

QUINCEY, PAUL
4387 36TH STREET
ORLANDO FL 32811

7. Name and Address of New Registered Agent

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, 2001 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 D ☒ Delete
NAME WHISENAND, STEVE
STREET ADDRESS 108 CIRCLE DRIVE
CITY-ST-ZIP SYRACUSE NY

TITLE PD ☐ Delete
NAME MEYERS, BEN
STREET ADDRESS 33 DEWEY AVE
CITY-ST-ZIP FAIRPORT NY

TITLE VCD ☒ Delete
NAME BOB, RICHARD
STREET ADDRESS 311 SPRUCEWOOD TERRACE
CITY-ST-ZIP WILLIAMSVILLE NY

TITLE TSD ☐ Delete
NAME GAMROD, LAURIE
STREET ADDRESS 4733 RICHMOND CENTER RD
CITY-ST-ZIP LIVONIA NY

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE V. Pres. ☐ Change ☒ Addition
NAME Paul Quincey
STREET ADDRESS 4511 Windsmere Blvd
CITY-ST-ZIP Orlando, FL 32835

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

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

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

TITLE ☐ Change ☐ Addition
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:

Paul Quincey

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/15/01

Date

716 271-5600

Daytime Phone #

FILED
May 21, 2001 8:00 am
Secretary of State

05-21-2001 90367 028 ***550.00



DO NOT WRITE IN THIS SPACE

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CR2E034 (10/00)