

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F97000003229

1. Entity Name

SUNRISE TRACTOR & EQUIPMENT, INC.

FILED
Jan 29, 2000 8:00 am
Secretary of State

01-29-2000 90106 001 ***150.00

Principal Place of Business

Mailing Address

6101 ORANGE AVENUE
FT. PIERCE FL 34947

6101 ORANGE AVENUE
FT. PIERCE FL 34947-1544

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0759147**

Applied For

Not Applied For

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 SOUTH PINE ISLAND ROAD
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, 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	PD	<input type="checkbox"/> Delete
NAME	KINDRED, TOM JR	
STREET ADDRESS	2722 FAIRWAY DRIVE	
CITY-ST-ZIP	FT. PIERCE FL 34982	
TITLE	DV	<input type="checkbox"/> Delete
NAME	NEUENSCHWANDER, G K	
STREET ADDRESS	500 DILLER AVENUE	
CITY-ST-ZIP	NEW HOLLAND PA 17557	
TITLE	DST	<input checked="" type="checkbox"/> Delete
NAME	BOUGHTON, R W	
STREET ADDRESS	2347 HANCOCK DRIVE	
CITY-ST-ZIP	LANCASTER PA 17601	
TITLE	AS	<input type="checkbox"/> Delete
NAME	LANDIS, SHERI L	
STREET ADDRESS	500 DILLER AVENUE	
CITY-ST-ZIP	NEW HOLLAND PA 17557	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Additio
NAME	KINDRED, TOM JR.	
STREET ADDRESS	1715 YORK CT.	
CITY-ST-ZIP	FORT PIERCE, FL. 34982	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Additio
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	DST	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Additio
NAME	WARD WILLIAMS	
STREET ADDRESS	5401 EDGERTON DR.	
CITY-ST-ZIP	NORCROSS, GA. 30092	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Additio
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Additio
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Additio
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:

TOM KINDRED, JR.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-24-00 561-461-3747

Date

Daytime Phone #