

2000 UNIFORM BUSINESS REPORT (UBR)**FILED**
May 31, 2000 8:00 am
Secretary of State

05-31-2000 90069 030 ***150.00

DOCUMENT # G18727

1. Entity Name

THOMAS EQUIPMENT SALES, INC. ✓ a

Principal Place of Business

Mailing Address

5219 COLONIAL AVENUE SAME
JACKSONVILLE, FLORIDA 32210**00057419**

2. Principal Place of Business

3. Mailing Address

SAME AS ABOVE**SAME AS ABOVE**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

City & State

4. FEI Number

Applied For

59-2361730

Not Applicable

JACKSONVILLE, FL

Zip

Country

Zip

Country

32210**DUVAL**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

Name

JIM STEWART (JAMES D.)

Street Address (P.O. Box Number is Not Acceptable)

5219 COLONIAL AVE.

City

JACKSONVILLE**FL**

Zip Code

JIM STEWART (JAMES D.,)
5219 COLONIAL AVENUE
JACKSONVILLE, FL. 32210

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 State10. 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 **JAMES D. STEWART**
STREET ADDRESS
CITY-ST-ZIP
PRESIDENT
5219 COLONIAL AVENUE
JACKSONVILLE, FL. 32210TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP
VICE PRESIDENT
DEBORAH L. STEWART
5219 COLONIAL AVENUE
JACKSONVILLE, FL. 32210TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
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CITY-ST-ZIPTITLE ☐ 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:

James D Stewart**JAMES D. STEWART** 5/3/00

904-388-0280

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)