

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 16, 2002 8:00 am
Secretary of State

01-16-2002 90096 004 ***150.00

DOCUMENT # G86981

1. Entity Name

J. N. EQUIPMENT SERVICE CENTER OF POMPANO BEACH, INC.

Principal Place of Business

**1450 SW 3 STREET, A-6
POMPANO BEACH FL 33609**

Mailing Address

**P.O. BOX 21583
WEST PALM BEACH FL 33416**

2. Principal Place of Business

1042 S. CONGRESS AVENUE

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

West Palm Beach, FL

City & State

4. FEI Number

59-2388934

Applied For

Not Applicable

Zip

Country

33406

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

**J.N. EQUIPMENT SERVICE CENTER, INC.
1042 SOUTH CONGRESS AVENUE
WEST PALM BEACH FL 33406**

7. Name and Address of New Registered Agent

Name

ROBERT G. SCHICHEL

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

1042 S. Congress Avenue

City

WEST PALM BEACH

FL

Zip Code

33406

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]
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1-7-02

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

TITLE **VD** ☐ Delete
NAME **LEARY, WILLIAM J SR**
STREET ADDRESS **430 S DIXIE HWY W**
CITY-ST-ZIP **POMPANO BEACH FL 33060**

TITLE **DP** ☐ Delete
NAME **SCHICHEL, ROBERT G.**
STREET ADDRESS **430 S. DIXIE HIGHWAY W.**
CITY-ST-ZIP **POMPANO BEACH FL**

TITLE **DS** ☐ Delete
NAME **SCHICHEL, WILLIAM L SR**
STREET ADDRESS **430 S DIXIE HWY WEST**
CITY-ST-ZIP **POMPANO BCH FL 33060**

TITLE **V** ☒ Delete
NAME **LEARY, WILLIAM J JR**
STREET ADDRESS **430 S DIXIE HWY WEST**
CITY-ST-ZIP **POMPANO BCH FL 33060**

TITLE **V** ☐ Delete
NAME **LEARY, ELANIE M**
STREET ADDRESS **430 S DIXIE HWY WEST**
CITY-ST-ZIP **POMPANO BCH FL 33060**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-7-02

561-964-3228

CR2E034 (9/01)