

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 16, 2003 8:00 am
Secretary of State

04-16-2003 90262 032 ***158.75

04/23/04 AV

DOCUMENT # H25028

1. Entity Name
K & S EQUIPMENT COMPANY, INC.



Principal Place of Business
**9625 ALONZO ROAD
RIVERVIEW FL 33569
US**

Mailing Address
**P O BOX 76009
TAMPA FL 33610
US**



2. Principal Place of Business

9625 Wes Kearney Way

3. Mailing Address

Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State

Riverview FL

City & State

4. FEI Number **59-2450483**

Applied For

Not Applicable

Zip

33569

Country

US

Zip

Country

5. Certificate of Status Desired ☒ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

SWOPE, DALE M.

925 ALONZO RD

RIVERVIEW FL 33569

7. Name and Address of New Registered Agent

Name

James M. Reed

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

9625 Wes Kearney Way

City

Riverview

FL

Zip Code

33569

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

[Signature]

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/11/03

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	BARRY KEARNEY	
STREET ADDRESS	9625 ALONZO ROAD	
CITY-ST-ZIP	RIVERVIEW FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	KEARNEY, C. W., JR.	
STREET ADDRESS	9625 ALONZO ROAD	
CITY-ST-ZIP	RIVERVIEW FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	KEARNEY, BRYAN	
STREET ADDRESS	9625 ALONZO ROAD	
CITY-ST-ZIP	RIVERVIEW FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	9625 Wes Kearney way	
STREET ADDRESS	Riverview, FL 33569	
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	9625 Wes Kearney way	
STREET ADDRESS	Riverview, FL 33569	
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	9625 Wes Kearney way	
STREET ADDRESS	Riverview, FL 33569	
CITY-ST-ZIP		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 10 or Block 11 if changed, or on an attachment to an address, with all other like empowered.

SIGNATURE:

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

Date

4/11/03

Daytime Phone #

813-651-0310

CR2E034 (10/02)