

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 02, 2001 8:00 am**  
**Secretary of State**

0513306

**DOCUMENT # H33085**

1. Entity Name

**H & A EQUIPMENT COMPANY, INC.**

05-02-2001 90039 032 \*\*\*150.00

Principal Place of Business 2316 1/2 BACOM POINT RD (334760220) C/O CAROL ARLINE, P O BOX 220 PAHOKEE FL 33476-7220	Mailing Address 2316 1/2 BACOM POINT RD (334760220) C/O CAROL ARLINE, P O BOX 220 PAHOKEE FL 33476-7220
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc. City & State Zip	3. Mailing Address Suite, Apt. #, etc. City & State Zip	4. FEI Number <b>59-2472474</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required		

**6. Name and Address of Current Registered Agent**

**ARLINE, CAROL**  
**2316 1/2 BACOM POINT ROAD**  
**PAHOKEE FL 33476**

**7. Name and Address of New Registered Agent**

Name  
**ROGER HATTON**

Street Address (P.O. Box Number is Not Acceptable)  
**2727 BACOM POINT RD**

City  
**PAHOKEE** FL Zip Code  
**33476**

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 *Roger Hatton*  
Signature (Type or print name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

*4/25/01*

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**

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD HATTON, ROGER 2727 BACOM POINT RD PAHOKEE FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD ARLINE, CAROL 2316 1/2 BACOM POINT RD. PAHOKEE FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD Allen, Paul 33 N.E. Ave. I Belle Glade, FL 33430	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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

*Roger Hatton* **ROGER HATTON**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*4-23-01*  
Date

*561-924-2455*  
Daytime Phone #

CR2E034 (10/00)