

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 11, 2002 8:00 am**  
**Secretary of State**

04-11-2002 90043 012 \*\*\*158.75

0064502 AV

**DOCUMENT # H37420**

1. Entity Name  
**CROM EQUIPMENT RENTALS, INC.**

Principal Place of Business  
**6801 S. W. ARCHER ROAD**  
**GAINESVILLE FL 32608**

Mailing Address  
**6801 S. W. ARCHER ROAD**  
**GAINESVILLE FL 32608**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number  
**59-2477297**

Applied For  
 Not Applicable

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

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**PAVLIK, STEPHEN W.**  
**250 SW 36TH TERRACE**  
**GAINESVILLE FL 32607**

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, 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          | <b>D</b>                  | <input type="checkbox"/> Delete |
| NAME           | <b>SIMPSON, R. BRUCE</b>  |                                 |
| STREET ADDRESS | <b>250 SW 36TH TERR.</b>  |                                 |
| CITY-ST-ZIP    | <b>GAINESVILLE FL</b>     |                                 |
| TITLE          | <b>DOV</b>                | <input type="checkbox"/> Delete |
| NAME           | <b>OLIVER, WILLIAM R.</b> |                                 |
| STREET ADDRESS | <b>6801 SW ARCHER RD.</b> |                                 |
| CITY-ST-ZIP    | <b>GAINESVILLE FL</b>     |                                 |
| TITLE          | <b>DP</b>                 | <input type="checkbox"/> Delete |
| NAME           | <b>NEFF, JAMES A.</b>     |                                 |
| STREET ADDRESS | <b>250 SW 36TH TERR.</b>  |                                 |
| CITY-ST-ZIP    | <b>GAINESVILLE FL</b>     |                                 |
| TITLE          | <b>D</b>                  | <input type="checkbox"/> Delete |
| NAME           | <b>SAWYER, SAM</b>        |                                 |
| STREET ADDRESS | <b>250 SW 36TH TERR.</b>  |                                 |
| CITY-ST-ZIP    | <b>GAINESVILLE FL</b>     |                                 |
| TITLE          | <b>DST</b>                | <input type="checkbox"/> Delete |
| NAME           | <b>PAVLIK, STEPHEN W.</b> |                                 |
| STREET ADDRESS | <b>250 SW 36TH TERR.</b>  |                                 |
| CITY-ST-ZIP    | <b>GAINESVILLE FL</b>     |                                 |
| TITLE          |                           | <input type="checkbox"/> Delete |
| NAME           |                           |                                 |
| STREET ADDRESS |                           |                                 |
| CITY-ST-ZIP    |                           |                                 |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

|                |  |   |
|----------------|--|---|
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |   |
| STREET ADDRESS |  |   |
| CITY-ST-ZIP    |  |   |
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |   |
| STREET ADDRESS |  |   |
| CITY-ST-ZIP    |  |   |
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |   |
| STREET ADDRESS |  |   |
| CITY-ST-ZIP    |  |   |
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |   |
| STREET ADDRESS |  |   |
| CITY-ST-ZIP    |  |   |
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> 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 REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/3/02 352/372-3436**

Date

Daytime Phone #

CR2E034 (9/01)