

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H43353

1. Entity Name

FENTON EQUIPMENT COMPANY, INC.

FILED
Feb 01, 2000 8:00 am
Secretary of State

02-01-2000 90002 038 ***150.00

80005263



DO NOT WRITE IN THIS SPACE

Principal Place of Business

13508 2ND AVE. NE
BRADENTON FL 34202
US

Mailing Address

13508 2ND AVE. NE
BRADENTON FL 34202-2724
US

2. Principal Place of Business

7822 TROON CT

3. Mailing Address

7822 TROON CT

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

BRADENTON, FL

City & State

BRADENTON, FL

4. FEI Number

22-2240573

Applied For

Not Applicable

Zip

34202

Country

MANATEE

Zip

34202

Country

MANATEE

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MALAN, JANET E
13508 2ND AVE. NE
BRADENTON FL 34202

7. Name and Address of New Registered Agent

Name

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

7822 TROON CT

City

BRADENTON,

FL

Zip Code

34202

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 State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	MALAN, JANET E	
STREET ADDRESS	13508 2ND AVE. NE	
CITY-ST-ZIP	BRADENTON FL 34202	
TITLE	V	<input type="checkbox"/> Delete
NAME	MALAN, ROBERT	
STREET ADDRESS	13523 3RD AVE NE	
CITY-ST-ZIP	BRADENTON FL 34202	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	MALAN, ROBERT	
STREET ADDRESS	13523 3RD AVE. NE	
CITY-ST-ZIP	BRADENTON FL 34202	
TITLE	T	<input type="checkbox"/> Delete
NAME	MALAN, JANET E.	
STREET ADDRESS	13523 3RD AVE NE	
CITY-ST-ZIP	BRADENTON FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	7822 TROON CT	
CITY-ST-ZIP	BRADENTON, FL 34202	
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	7822 TROON CT.	
CITY-ST-ZIP	BRADENTON, FL 34202	
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:

Janet E. Malan

JANET E. MALAN

1/12/00

941-907-2219

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E034 (9/99)