

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2001 8:00 am
Secretary of State

04-17-2001 90055 031 ***150.00

DOCUMENT # J29704

1. Entity Name
RINGHAVER EQUIPMENT CO.

| | |
|--|--|
| Principal Place of Business 9797 GIBSONTON DRIVE RIVERVIEW FL 33569 | Mailing Address 9797 GIBSONTON DRIVE RIVERVIEW FL 33569 |
|--|--|

| | |
|---------------------------------------|---------------------------|
| 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 **59-2707335** 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

RINGHAVER, LANCE C.
9797 GIBSONTON DRIVE
RIVERVIEW FL 33569

7. Name and Address of New Registered Agent

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, 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

| | | |
|-----------------------|-----------------------------|---------------------------------|
| TITLE | DP | <input type="checkbox"/> Delete |
| NAME | RINGHAVER, LANCE C. | |
| STREET ADDRESS | 9797 GIBSONTON DRIVE | |
| CITY-ST-ZIP | RIVERVIEW FL | |
| TITLE | DAS | <input type="checkbox"/> Delete |
| NAME | RINGHAVER, RANDAL L. | |
| STREET ADDRESS | 8050 PHILLIPS HWY | |
| CITY-ST-ZIP | JACKSONVILLE FL | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | ROY, RONALD | |
| STREET ADDRESS | 8050 PHILLIPS HWY | |
| CITY-ST-ZIP | JACKSONVILLE FL | |
| TITLE | DVS | <input type="checkbox"/> Delete |
| NAME | CEDDER, TIMOTHY | |
| STREET ADDRESS | 9797 GIBSONTON DRIVE | |
| CITY-ST-ZIP | RIVERVIEW FL | |
| TITLE | DT | <input type="checkbox"/> Delete |
| NAME | O' KEEFE, MICHAEL F | |
| STREET ADDRESS | 9797 GIBSONTON DR | |
| CITY-ST-ZIP | RIVERVIEW FL | |
| 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 | Geddes, Timothy | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 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: *Michael F. O'Keefe* **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR** **4-2-01** **813-691-3900**
Signature Date Daytime Phone #

CR2E034 (10/00)