

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 15, 2001 8:00 am**  
**Secretary of State**  
 05-15-2001 90132 019 \*\*\*150.00

0001065

**DOCUMENT # J51031**

1. Entity Name

**PILE EQUIPMENT, INC.**

Principal Place of Business

**1058 ROLAND AVENUE  
 GREEN COVE SPRINGS FL 32043-8361  
 US**

Mailing Address

**1058 ROLAND AVENUE  
 GREEN COVE SPRINGS FL 32043-8361  
 US**

000040003



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2766568**

Applied For  
 Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ELLIOTT, J. MICHAEL  
 208 RIVER PLANTATION DR S  
 ST AUGUSTINE FL 32092**

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **CPO** ☐ Delete  
 NAME **ELLIOTT, JOHN MICHAEL**  
 STREET ADDRESS **208 RIVER PLANTATION DR S**  
 CITY-ST-ZIP **ST AUGUSTINE FL 32092**

TITLE **D** ☐ Change ☒ Addition  
 NAME **ROTH, ROBERT**  
 STREET ADDRESS **8789 SAN JOSE BLVD., STE. 209**  
 CITY-ST-ZIP **JACKSONVILLE, FL 32217**

TITLE **VTSD** ☐ Delete  
 NAME **RUTLAND, MARK ALAN**  
 STREET ADDRESS **10254 CYPRESS LAKES DR**  
 CITY-ST-ZIP **JACKSONVILLE FL 32256**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **D** ☐ Delete  
 NAME **BENJAMIN, JULIEN P.**  
 STREET ADDRESS **2816 SPANISH COVE TRL.**  
 CITY-ST-ZIP **JACKSONVILLE FL**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **D** ☐ Delete  
 NAME **ROSEBOROUGH, DOUGLAS D.**  
 STREET ADDRESS **1078 IBIS RD.**  
 CITY-ST-ZIP **JACKSONVILLE FL**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ 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: *Mark Rutland*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-6-01

(904) 284-1779

Date

Daytime Phone #

CR2E034 (10/00)