

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 17, 2002 8:00 am**  
**Secretary of State**  
 02-17-2002 90038 012 \*\*\*158.75

00011000 AT

**DOCUMENT # K72262**

**1. Entity Name**  
**MID-STATE EQUIPMENT, INCORPORATED**

**Principal Place of Business**

~~331 NW 20 ST~~  
~~SUITE 8~~  
~~OCALA FL 34475~~  
~~US~~

**Mailing Address**

P.O. BOX 436  
 SILVER SPRINGS FL 34489  
 US



DO NOT WRITE IN THIS SPACE

**2. Principal Place of Business**

6525 NE 23rd Ave  
 Suite, Apt. #, etc.

**3. Mailing Address**

PO Box 436  
 Suite, Apt. #, etc.

City & State  
 Ocala, Fla

Zip  
 34479

Country

City & State  
 Silver Springs, Fl.

Zip  
 34489

Country

USA

**4. FEI Number**

59-2936330

Applied For

Not Applicable

**5. Certificate of Status Desired**

☒ \$8.75 Additional Fee Required

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

FOUCHE, THOMAS H.  
 6525 NE 23RD AVE  
 Ocala FL 32670

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

Name

+ 150.00

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

158.75

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 NAME STREET ADDRESS CITY-ST-ZIP	DPV FOUCHE, THOMAS H. 6525 NE 23RD AVE OCALA FL	<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"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

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

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
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 667, 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

Date

Daytime Phone #

CR2E034 (9/01)