

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 91365 020 ***150.00

DOCUMENT # **L 07296**

1. Entity Name

Process Equipment Consultants, Inc.



DO NOT WRITE IN THIS SPACE

80096931

2. Principal Place of Business

3615 E. 7th Ave

3. Mailing Address

3615 E. 7th Ave

Suite, Apt. #, etc.

P.O. Box 5646

Suite, Apt. #, etc.

P.O. Box 5646

City & State

Tampa, FL

City & State

Tampa, FL

Zip

33675

Country

USA

Zip

33675

Country

USA

4. FEI Number

59-2970421

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

Kershner, Robert N

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

3615 E. 7th Ave

City

Tampa

FL

Zip Code

33605

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

*D
Kershner, Robert N.
3615 E. 7th Ave
Tampa, FL 33605*

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

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IN THIS SPACE**

12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

Robert N. Kershner

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/03

Date

813-247-5619

Daytime Phone #

CR2E034B (12/02)