

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L07828

1. Entity Name

NUBA EQUIPMENT CORP.

FILED
May 09, 2000 8:00 am
Secretary of State

05-09-2000 90111 010 ***150.00

Principal Place of Business

Mailing Address

502 NW 75TH ST. #28
 GAINESVILLE FL 32607

502 NW 75TH ST. #28
 GAINESVILLE FL 32607-1676

2. Principal Place of Business

7257 NW 4th Blvd

3. Mailing Address

7257 NW 4th BLVD

Suite, Apt. #, etc.

PMB 328

Suite, Apt. #, etc.

PMB 328

City & State

Gainesville FL

City & State

GAINESVILLE FL

Zip

32607

Country

Zip

32607

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0133214

Applied For

Not Applicable

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

THIESEN, KELLY D
 508 NW 75TH ST., STE. 28
 GAINESVILLE FL 32607

Name

Kelly D. Thiesen

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

Rt 9, Box 2172

Merril Lane

City

Lake City,

FL

Zip Code

32024

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	D THIESEN, KELLY D.	502 NW 75TH ST #28	GAINESVILLE FL	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
	D Thiesen, Kelly D	Rt 9, Box 2172	Lake City, FL 32024	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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:

Kelly D. Thiesen
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-28-00