

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L87457

1. Entity Name

DON PRAHM'S EQUIPMENT SERVICE, INC.

FILED
May 16, 2000 8:00 am
Secretary of State

05-16-2000 90142 045 ***150.00

Principal Place of Business

Mailing Address

4087 VANA DR.
SARASOTA FL 34241

4087 VANA DR.
SARASOTA FL 34241-5945

2. Principal Place of Business

6200 Beedla St.

3. Mailing Address

6200 Beedla St.

Suite, Apt. #, etc.

North Port

Suite, Apt. #, etc.

North Port

City & State

FL.

City & State

FL.

4. FEI Number

65-0218732

Applied For

Not Applicable

Zip

Country

34287

Zip

Country

34287

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

PRAHM, DONALD C
4087 VANA DR.
SARASOTA FL 34241

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, 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

TITLE	P	<input type="checkbox"/> Delete
NAME	PRAHM, DONALD C	
STREET ADDRESS	4087 VANA DR.	
CITY-ST-ZIP	SARASOTA FL 34241	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	BASLER, TAMI M	
STREET ADDRESS	6200 BEEDLA ST	
CITY-ST-ZIP	NORTH PORT FL 34287	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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	
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	
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: Don Prahm

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/00 941-426-4541

Date

Daytime Phone #

CR2E034 (9/99)