

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L98000001628

1. Entity Name

SMITH EQUIPMENT, L.L.C.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 MAY 11 AM 9:14

Principal Place of Business

C/O SMITH & COMPANY, INC.
1625 NORTH COMMERCE PARKWAY, SUITE 315
WESTON FL 33326

Mailing Address

C/O SMITH & COMPANY, INC.
1625 NORTH COMMERCE PARKWAY, SUITE 315
WESTON FL 33326

2. Principal Place of Business

8030 US Hwy 98 North

3. Mailing Address

8030 US Hwy 98 North

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Lakeland, Florida

City & State

Lakeland, Florida

4. FEI Number

65-0860057

Applied For

Not Applicable

Zip

33809

Country

USA

Zip

33809

Country

USA

5. Certificate of Status Desired ☐

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

SMITH, STEPHEN W

1625 NORTH COMMERCE PARKWAY, SUITE 315

WESTON FL 33326

7. Name and Address of New Registered Agent

Name

Smith, Stephen W

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

1200 Weston Road, 2nd Floor

City

Weston

FL

Zip Code
33326

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

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
SMITH, STEPHEN W
1625 NORTH COMMERCE PARKWAY, SUITE 315
WESTON FL 33326 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
Smith, Stephen W
1200 Weston Road, 2nd Floor
Weston, Florida 33326 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
300004335573
-05/31/01 -01039--001
****300.00 *****50.00 ☐ Change ☐ Addition

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

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

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

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

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

4/30/01

863-858-6768

CR2E083 (11/00)

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