

**LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jun 04, 2002 8:00 am
Secretary of State

06-04-2002 90220 048 ****55.00

DOCUMENT # **1100000000522**

1. Entity Name

HEAD & ENGQUIST EQUIPMENT, LLC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

11100 MEAD RD

3. Mailing Address **TERENCE EASTMAN**

11100 MEAD RD

Suite, Apt. #, etc.

SUITE 200

Suite, Apt. #, etc.

SUITE 200

City & State

BATON ROUGE LA

City & State

BATON ROUGE LA

Zip **70816**

Country

Zip **70816**

Country

4. FEI Number

72-0549946

Applied For

Not Applicable

5. Certificate of Status Desired ☒

\$5.00 Additional
Fee Required

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name **CT CORPORATION SYSTEM**

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

1200 SOUTH PINE ISLAND RD

City **PLANTATION**

FL

Zip **33324**

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.

DATE

FEE IS \$50.00

**Make Check Payable to Department of State
DUE BY MAY 1**

9. MANAGING MEMBERS / MANAGERS

TITLE **MGRM**
NAME **JOHN M ENGQUIST**
STREET ADDRESS **11100 MEAD ROAD, 2ND FLOOR**
CITY - ST - ZIP **BATON ROUGE LA 70816**

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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: **Leslie Magee**

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

5/31/02 (225) 298-5261

Date

Daytime Phone #

CR2E083B (12/01)