

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M97000000128

1. Entity Name
NATIONAL EQUIPMENT SALES COMPANY LLC

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 AUG 17 AM 10:02

Principal Place of Business

700 S FEDERAL HWY
SUITE 200
BOCA RATON FL 33432

Mailing Address

700 S FEDERAL HWY
SUITE 200
BOCA RATON FL 33432-6128

2. Principal Place of Business

3301 NW Boca Raton Blvd
Suite 200

3. Mailing Address

P.O. Box 27-3369

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Boca Raton Florida

City & State

Boca Raton, Florida

Zip

33431

Country

USA

Zip

33427-3369

Country

USA

4. FEI Number

65-0698731

Applied For

Not Applicable

5. Certificate of Status Desired

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

MCMILLEN, STACY
700 S FEDERAL HWY
SUITE 200
BOCA RATON FL 33432

7. Name and Address of New Registered Agent

Name Stacy McMillen
Street Address (P.O. Box Number is Not Acceptable)
3301 NW Boca Raton Blvd
Suite 200
City Boca Raton FL Zip Code 33431

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)

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

100003370011-2
-08/23/00--01092--024
*****50.00 *****50.00

9. MANAGING MEMBERS/MEMBERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GOOSE, DAVID 134 CASTLINE ROAD SANFORD FL 32771	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SHAPIRO, GARY L 700 S FEDERAL HWY BOCA RATON FL 33432	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P.O. Box 27-3369 Boca Raton, FL 33427-3369	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

8/15/00

Date

561-417-0090 x216

Daytime Phone #

CR2E083 (9/99)