

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **M97000000128**

1. Entity Name

NATIONAL EQUIPMENT SALES COMPANY LLC

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 SEP 26 PM 3:35

Principal Place of Business

3301 N.W. BOCA RATON BLVD.
SUITE 200
BOCA RATON FL 33431

Mailing Address

P.O. BOX 27-3369
BOCA RATON FL 33427-3369

2. Principal Place of Business

134 Coastline Road

Suite, Apt. #, etc.

3. Mailing Address

134 Coastline Road

Suite, Apt. #, etc.

City & State
Sanford, FL

City & State
Sanford, FL

Zip
32771

Country
USA

Zip
32771

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
3301 N.W. BOCA RATON BLVD.
SUITE 200
BOCA RATON FL 33431

7. Name and Address of New Registered Agent

Name **David Goose**

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

134 Coastline Road

City **Sanford**

FL

Zip Code
32771

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] **PRESIDENT**

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

9/24/2001

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By September 26, 2001

BLT

9. MANAGING MEMBERS / MANAGERS

TITLE
NAME: **MGRM**
STREET ADDRESS: **GOOSE, DAVID**
CITY-ST-ZIP: **134 CASTLINE ROAD
SANFORD FL 32771**

☐ Delete

TITLE
NAME: **MGRM**
STREET ADDRESS: **SHAPIRO, GARY L**
CITY-ST-ZIP: **P.O. BOX 27-3369
BOCA RATON FL 33427-3369**

☐ Delete

TITLE
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

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10. ADDITIONS / CHANGES

TITLE
NAME: **400004616424--6**
STREET ADDRESS: **-09/28/01--01051--009**
CITY-ST-ZIP: *******50.00 *****50.00**

☐ Change ☐ Addition

TITLE
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

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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 REQUIRED**

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

9/24/2001

4073020255

STAPLE CHECK HERE

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6R2E083 (5/01)