2001 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # P0000014512 J.N. EQUIPMENT SERVICE CENTERS, INC. Principal Place of Business Mailing Address 430 S. DIXIE HIGHWAY, WEST 430 S. DIXIE HIGHWAY, WEST POMPANO BEACH FL 33060 POMPANO BEACH FL 33060 2. Principal Place of Business 3. Mailing Address 1450 SW 3 Street P.O. Box 21583 Suite, Apt. #, etc. Suite, Apt. #, etc. <u>Suite A-6</u> City & State City & State Pompano Beach, FL 33069 West Palm Beach, FL 33416 Country Country 6. Name and Address of Current Registered Agent

OFFICERS AND DIRECTORS

SCHICHTEL, WILLIAM L SR.

SIGNATURE

11.

TITLE

NAME

TITLE

NAME

тпц

NAME

TITLE

TITLE

NAME

TITLE

NAME

NAME ---

STREET ADDRESS

STREET ADDRESS

SIREET ADDRESS CITY-ST-ZIP

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS CITY-SI-ZIE

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

(See criteria on back)

430 S. DIXIE HIGHWAY, WEST POMPANO BEACH FL 33060

9. This corporation is eligible to satisfy its Intangible

SCHICHTEL, WILLIAM L SR.

430 S. DIXIE HIGHWAY, WEST

430 S. DIXIE HIGHWAY, WEST

430-S.-DIXIE-HIGHWAY, WEST

POMPANO BEACH FL 33060

POMPANO BEACH FL 33060

POMPANO BEACH FL 33060

SCHICHTEL, ROBERT G

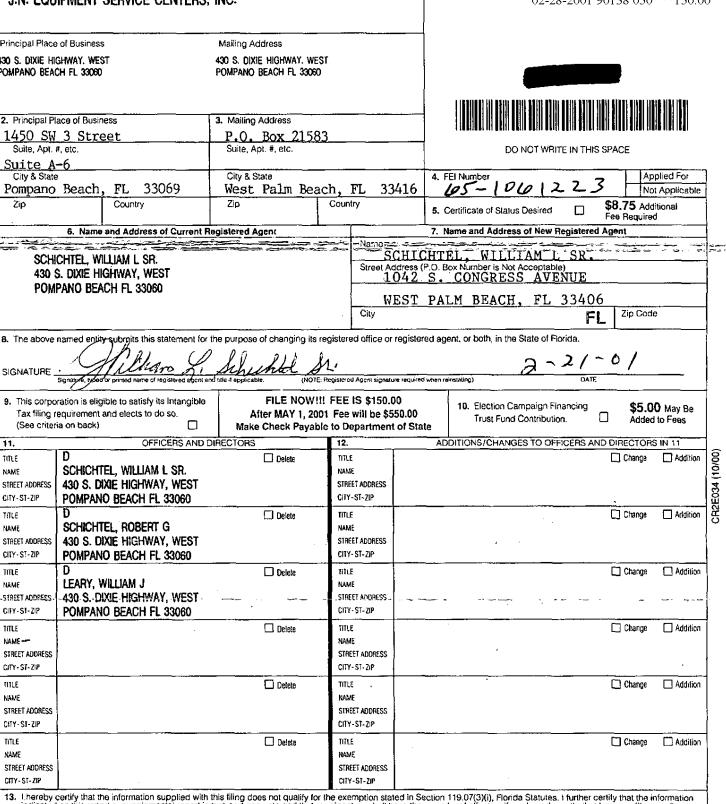
LEARY, WILLIAM J

Tax filing requirement and elects to do so.

2/28

May 03, 2001 8:00 am Secretary of State

02-28-2001 90138 050 ***150.00



13. Lhereby certify that the information supplied with this filling 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 address, with all other like empowered

CITY-ST-7IP

STREET ADDRESS

City

FILE NOW!!! FEE IS \$150.00

After MAY 1, 2001 Fee will be \$550.00

Make Check Payable to Department of State

☐ Delete

☐ Delete

☐ Delete

☐ Delete

☐ Detete

☐ Delete

12.

TITLE

NAME

TITLE

NAME STREET ADDRESS

NAME

TITLE

NAME STREET ADDRESS

TITLE

NAME STREET ADDRESS

TITLE

NAME

STREET ADDRESS

CHY-ST-ZIP

CITY-ST-ZIP TITLE

STREET ANDRESS

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE: