

2001 UNIFORM BUSINESS REPORT (UBR)

2/28

FILED
May 03, 2001 8:00 am
Secretary of State

02-28-2001 90138 050 ***150.00

DOCUMENT # P00000014512

1. Entity Name

J.N. EQUIPMENT SERVICE CENTERS, INC.

Principal Place of Business

Mailing Address

430 S. DIXIE HIGHWAY, WEST
 POMPANO BEACH FL 33060

430 S. DIXIE HIGHWAY, WEST
 POMPANO BEACH FL 33060

2. Principal Place of Business

1450 SW 3 Street

Suite, Apt. #, etc.

Suite A-6

City & State

Pompano Beach, FL 33069

Zip

Country

3. Mailing Address

P.O. Box 21583

Suite, Apt. #, etc.

City & State

West Palm Beach, FL 33416

Zip

Country

4. FEI Number

65-1061223

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

SCHICHEL, WILLIAM L SR.
 430 S. DIXIE HIGHWAY, WEST
 POMPANO BEACH FL 33060

7. Name and Address of New Registered Agent

SCHICHEL, WILLIAM L SR.

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

1042 S. CONGRESS AVENUE

WEST PALM BEACH, FL 33406

City

FL

Zip Code

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

9. This corporation is eligible to satisfy its Intangible
 Tax filing requirement and elects to do so.
 (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	SCHICHEL, WILLIAM L SR.	
STREET ADDRESS	430 S. DIXIE HIGHWAY, WEST	
CITY-ST-ZIP	POMPANO BEACH FL 33060	
TITLE	D	<input type="checkbox"/> Delete
NAME	SCHICHEL, ROBERT G	
STREET ADDRESS	430 S. DIXIE HIGHWAY, WEST	
CITY-ST-ZIP	POMPANO BEACH FL 33060	
TITLE	D	<input type="checkbox"/> Delete
NAME	LEARY, WILLIAM J	
STREET ADDRESS	430 S. DIXIE HIGHWAY, WEST	
CITY-ST-ZIP	POMPANO BEACH FL 33060	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. 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 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 with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)