**FILED** 

## 2002 UNIFORM BUSINESS REPORT (UBR)

## Jan 23, 2002 8:00 am Secretary of State DOCUMENT # P00000027275 1. Entity Name 01-23-2002 90002 039 \*\*\*150.00 INDEPENDENT HEAVY EQUIPMENT WORKS INC. Principal Place of Business Mailing Address P.O. BOX 620484 P.O. BOX 620484 ORLANDO FL 32862-0484 ORLANDO FL 32862-0484 2. Principal Place of Business 3. Mailing Address ≥ Suite, Apt. #, etc. Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE City & State Applied For City & State 4. FEI Number 65-0993942 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name RAMSEY, JOHN A Street Address (P.O. Box Number is Not Acceptable) 3521 ST. MORITZ ST. ORLANDO FL 32812 City 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE · FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \*10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE TITLE Change ☐ Addition Delete NAME NAME BARNES, DEAN STREET ADDRESS STREET ADDRESS 8833 ORANGE BLOSSOM RD. CITY-ST-ZIP **HOWEY IN THE HILLS FL 34737** CITY-ST-ZIP TITLE VRS ☐ Delete TITLE ☐ Change ☐ Addition NAME RAMSEY, JOHN A NAME STREET ADDRESS STREET ADDRESS 3521 ST. MOITZ ST. CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL 32812 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP-☐ Ďelete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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

SIGNATURE

changed, or on an attachment with an address, with all other like empowered

10 Jan 2002

407-832-9390

Affachments

9-30-2002

+2001\*\*\* RIGINAL

**ORANGE COUNTY OCCUPATIONAL LICENSE** 

1813-000153

Earl K. Wood, TAX COLLECTOR

ORANGE COUNTY, FLORIDA

THIS LICENSE IS IN ADDITION TO AND NOT IN LIEU OF ANY OTHER LICENSE REQUIRED BY LAW OR MUNICIPAL ORDINANCE, IT IS SUBJECT TO REGULATION OF ZONING, HEALTH AND ANY OTHER LAWFUL AUTHORITY. IT IS VALID FROM OCTOBER 1 THROUGH SEPTEMBER 30 OF LICENSE YEAR. DELINQUENT PENALTY IS ADDED OCTOBER 1.

13 LAND CLEARING

TOTAL TAX

NFIDENTIAL - BELLE ISLE

HEAVY EQUIPMENT

RAMSEY JOHN A

BECOMES A RECEIPT WHEN VALIDATED BY THE TAX COLLECTOR.