

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000045193

1. Entity Name
BIKA HEAVY EQUIPMENT, INC.

FILED
Jan 30, 2001 8:00 am
Secretary of State

01-30-2001 90127 019 ***158.75

Principal Place of Business
**302 MORNING CREEK CIRCLE
APOPKA FL 32712**

Mailing Address
**302 MORNING CREEK CIRCLE
APOPKA FL 32712**

2. Principal Place of Business
1155 ARDY CIRCLE
Suite, Apt. #, etc.

3. Mailing Address
PO Box 301
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
PALM BEACH FL
Zip
33405
Country
USA

City & State
Apopka Florida
Zip
32704
Country
USA

4. FEI Number **59-3646275**
Applied For
☐ Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**BIKA, JEFFREY L
302 MORNING CREEK CIRCLE
APOPKA FL 32712**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
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 *Jeffrey L Bika* / **JEFFREY BIKA** 1-16-01
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 NAME STREET ADDRESS CITY-ST-ZIP	President Jeffrey L. Bika 302 Morning Creek Circle Apopka, FL 32712	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President Jeffrey L. Bika 302 Morning Creek Circle Apopka FL 32712	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary Jeffrey L. Bika 302 Morning Creek Circle Apopka FL 32712	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer Jeffrey L. Bika 302 Morning Creek Circle Apopka FL 32712	<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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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
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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

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: *Jeffrey L Bika*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-16-01
Date

407-448-2482
Daytime Phone #

CR2E034 (10/00)