

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 11, 2001 8:00 am
Secretary of State
 04-11-2001 90065 008 ***150.00

0652450

DOCUMENT # P00000047800

1. Entity Name

EVERGREEN EQUIPMENT OF OCALA, INC.

Principal Place of Business

8135 SE 12TH COURT
 OCALA FL 34478

Mailing Address

8135 SE 12TH COURT
 OCALA FL 34478

2. Principal Place of Business

2120 SW 7TH AVE

Suite, Apt. #, etc.

3. Mailing Address

2120 SW 7TH AVE

Suite, Apt. #, etc.

City & State

OCALA, FL

City & State

OCALA, FL

4. FEI Number

59-3657113

Applied For

Not Applicable

Zip

34474

Country

USA

Zip

34474

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

HAINES, TIM D
125 N.E. 1ST AVENUE
SUITE 1
OCALA FL 34470

7. Name and Address of New Registered Agent

Name **FORNOF, MICHAEL L.**
 Street Address (P.O. Box Number is Not Acceptable)
2120 SW 7TH AVE
 City **OCALA** FL **34474**

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

Michael L. Forno

PRESIDENT

4/9/01

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** ☐ Delete
 NAME **FORNOF, MICHAEL L**
 STREET ADDRESS **8135 SE 12TH COURT**
 CITY-ST-ZIP **OCALA FL 34478**

TITLE **D** ☐ Delete
 NAME **FORNOF, PAUL E**
 STREET ADDRESS **2065 SW 55TH STREET ROAD**
 CITY-ST-ZIP **OCALA FL 34474**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 NAME
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 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:

Michael L. Forno

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/9/01

Date

352-368-2443

Daytime Phone #

CR2E034 (10/00)