FILED

2002 Uniform Business Report (UBR)

Mar 14, 2002 8:00 am Secretary of State DOCUMENT # P00000077708 1. Entity Name 03-14-2002 90309 033 ***150 00 TREASURE COAST EQUIPMENT RENTAL, INC. Principal Place of Business Mailing Address 754 OLD DIXIE HWY. 754 OLD DIXIE HWY. VERO BEACH FL 32962 VERO BEACH FL 32962 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 65-1031728 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 WILLINGHAM, JEFFERY L Street Address (P.O. Box Number is Not Acceptable) 754 OLD DIXIE HIGHWAY VERO BEACH FL 32962 Zip Code FL 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 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 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. CR2E034 (9/01) TITLE PD ☐ Delete TITLE ☐ Change ☐ Addition NAME FULMER, PHILIP R NAME STREET ADDRESS 8000 CHERRY LAKE RD. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **GROVELAND FL 34736** ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME WILLINGHAM, JEFFERY L NAME STREET ADDRESS STREET ADDRESS 1326 16TH AVE. CITY-ST-ZIP CITY-ST-ZIP VERO BEACH FL 32960 TITLE ☐ Delete TITLE Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-2IP CITY-ST-ZIP Delete TITLE Change TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-\$T-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME 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