

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 02, 2002 8:00 am
Secretary of State

0534630 AV

DOCUMENT # P00000097159

1. Entity Name

COMMERCIAL EQUIPMENT FINANCE, INC.

04-02-2002 90065 022 ***150.00

Principal Place of Business

3620 W HWY 326
 OCALA FL 34475

Mailing Address

3620 W HWY 326
 OCALA FL 34475



2. Principal Place of Business

3. Mailing Address

3590 W. HWY 326
 Suite, Apt. #, etc.

3590 W. HWY 326
 Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

OCALA, FL

City & State

OCALA, FL

4. FEI Number

59-3674648

Applied For

Not Applicable

Zip

Country

34475

MARION

Zip

Country

34475

MARION

5. Certificate of Status Desired

☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

POZO, LUIS
 3620 W HWY 326
 OCALA FL 34475

7. Name and Address of New Registered Agent

Name JAMES C. JENNINGS JR.

Street Address (P.O. Box Number is Not Acceptable)
 5305 NW HWY 225-A

City Ocala

FL

Zip Code 34482

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 JAMES C. JENNINGS JR.

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

3/26/02
 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, 2002 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 POZO, LUIS
 STREET ADDRESS 6535 W HWY 326
 CITY-ST-ZIP OCALA FL 34475

TITLE D ☐ Delete
 NAME JENNINGS, JAMES C JR
 STREET ADDRESS 5305 NW HWY 225A
 CITY-ST-ZIP OCALA FL 34475

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 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 MELODIE C. JENNINGS
 STREET ADDRESS 5305 NW HWY 225-A
 CITY-ST-ZIP Ocala, FL 34482

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

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

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ 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:

JAMES C. JENNINGS JR.
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/26/02 352-867-8934
 Date Daytime Phone #

CR2E034 (9/01)