FILED

3 JULY 2001 (352) 378-4139

2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

1. Entity Nam	MENT # P000 REQUIPMENT, INC.	00100786	(J	Jul 12, 2001 8:00 am Secretary of State 07-12-2001 90119 001 ***150.00
Principal Plac	ce of Business	Mailing Address		
2901 S W 4TH COURT 2901 S W 4TH COURT GAINESVILLE FL 32601 GAINESVILLE FL 32601				~ alaton
2. Principal Place of Business		3. Mailing Address		T CONTROL OF SOME SOME SOME SOME SOME SOME SOME SOME
Suite, Apt. #, etc.		Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE
City & State		City & State		4. FEI Number 3697370 Applied For Not Applicable
Zip	Country	Zip	Country	5. Certificate of Status Desired S8.75 Additional Fee Required
	6. Name and Address of Currer	t Registered Agent		7. Name and Address of New Registered Agent
COOPER, JAY T 2901 S W 4TH COURT			Street Addre	ess (P.O. Box Number is Not Acceptable)
GAINESVILLE FL 32601			City	FL Zip Code
Tax filing r	oration is eligible to satisfy its Intangib requirement and elects to do so. ria on back)	After September 12, Make Check Payab		State : Must Fund Contribution.
11.	OFFICERS AN		12.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	0111-31-211	JAY T COPER 2901 5W 4 CT. EANESVILLE, FL 32601
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER - SECRETARY Change Maddition JAY T COOPER 2901 SW 4 CT. GAINESVILLE, FL 32601
TITLE - NAME STREET ADDRESS CITY-ST-ZIP	er e	Delete , _ 🔾	NAME STREET ADDRESS CITY-ST-ZIP	VICE PRESIDENT Change PAddition SHARON H COUPER 2901 SW 4TH COURT GAINGEVILLE FL. 32601
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete .	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
indicated of the cor	certify that the information supplied wi on this report or supplemental report poration or the receiver or trustee em or on an attachment with an address	is true and accurate and that moowered to execute this report a	the exemption stated by signature shall have as required by Chapte	n Section 119.07(3)(i), Florida Statutes. I further certify that the information the same legal effect as if made under oath, that I am an officer or director r 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if