2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT #

P01000002387

1. Entity Name

BECHTELS TRACTOR SERVICE, INC.



FILED Apr 09, 2003 8:00 am Secretary of State

04-09-2003 90093 020 ***150.00

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Principal Place of Business 3360 34TH AVE SE NAPLES FL 34117			Mailing Address 3360 34TH AVE SE NAPLES FL 34117											
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2. Principal Place of Business			3. Mailing Address						i ibbiibbi iii abidi iibii abiii baiii abi	, K a i ; i a b i	ITO ITSON HITOI			
Suite, Apt. #, etc.			Suite, Apt. #, etc.					CHECK HERE IF MAKING CHANGES						
City & State			City & State					4. FI	FEI Number 59-3688368 Applied For Not Applied				-	
Zip		Country Zip			Cour	itry	5. Certificate of Status Desired See					.75 Additional Required		
6. Name and Address of Current Registered Agent						7. Name and Address of New Registered Agent								
						Name							7	
EDWARDS, DIAN M						Ĺ							1	
1842 40TH TERR SW						Street Address (P.O. Box Number is Not Acceptable)								
NAPLES F	–	•									<u>-</u> <u>-</u> -		┨	
INAPLES F	L 34110													
										FL	Zip Code	9		
			the purp	oose of changing its re	egister	ed office or r	egistere	d age	nt, or both, in the State of Florida.	I am fa	miliar with,	and accept	7	
the obligati	ions of regist	ered agent.		•										
SIGNATURE .	ě													
SIGNATORE 2	Signature, typed	or printed name of registered agent a	nd title if ap	plicable. (NOTE:	Registere	d Agent signatur	e required v	vhen reir	nstating)	DATE	-		ļ	
<u> </u>	I E NOWII	! FEE IS \$150.00		T .									1	
After May 1, 2003 Fee will be \$550.00									9. Election Campaign Financi	~ —		0 Мау Ве		
Make Check Payable to Florida Department of State				ate					Trust Fund Contribution.	Ш	Added	to Fees		
10.		OFFICERS AND I	DIRECTO	DRS	11.			ADD	DITIONS/CHANGES TO OFFICER	S AND I	DIRECTORS	S IN 11	1	
TITLE '	p.	<u></u>		☐ Delete	TITL	E T					☐ Change	Addition	18	
NAME	BECHTEL,	RALPH		- 25.565	NAM	IE					—, ·	$\overline{\cdot}$	١	
STREET ADDRESS	3368 34Th				STR	ET ADDRESS								
CITY-ST-ZIP	NAPLES F	L 34117			CITY	-ST-ZIP							}	
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NAME					NAM	ie i					•		1	
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12. I hereby certify that the information supplied with this filling 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 typice empowered to execute this report is required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RAIDH C. BECHTER

Change

Addition