

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jun 02, 2002 8:00 am**  
**Secretary of State**

05-02-2002 90070 026 \*\*\*150.00

**DOCUMENT # P01000002895**

1. Entity Name

**MMS EQUIPMENT CORPORATION**

Principal Place of Business

5951 S.W. 21ST AVE. RD.  
 Ocala FL 34471

Mailing Address

5951 S.W. 21ST AVE. RD.  
 Ocala FL 34471

2. Principal Place of Business

1500 SE 17th St

3. Mailing Address

1500 SE 17th St

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Bldg 200

Bldg 200

City & State

City & State

Ocala FL

Ocala FL

Zip

Zip

Country

Country

34471 USA

34471 USA

6. Name and Address of Current Registered Agent

MANN, RICHARD C JR.  
 5951 S.W. 21ST AVE. RD.  
 Ocala FL 34471

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

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 VP  
 NAME Douglas R. Murphy Jr.  
 STREET ADDRESS 1500 SE 17th St #200  
 CITY-ST-ZIP Ocala FL 34471 ☐ Delete

TITLE Sec.  
 NAME Ronald P. Spencer  
 STREET ADDRESS 1500 SE 17th St #200  
 CITY-ST-ZIP Ocala FL 34471 ☐ Delete

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  
 STREET ADDRESS  
 CITY-ST-ZIP

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

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

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

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

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:

*Richard C. Mann*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/19/02  
 Date

352-351-0060  
 Daytime Phone #

CR2034 (9/01)