

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 18, 2002 8:00 am**  
**Secretary of State**

0170630 AV

03-18-2002 90060 013 \*\*\*150.00

**DOCUMENT # P01000006537**

**1. Entity Name**  
**A.D.M.W. EQUIPMENT FINANCE, INC.**

**Principal Place of Business**  
**224 LANSING ISLAND DRIVE**  
**INDIAN HARBOR BEACH FL 32937**

**Mailing Address**  
**224 LANSING ISLAND DRIVE**  
**INDIAN HARBOR BEACH FL 32937**



DO NOT WRITE IN THIS SPACE

**2. Principal Place of Business**  
**1125 N. Harbor City Blvd**  
 Suite, Apt. #, etc.

**3. Mailing Address**  
**321 Turtle Circle**  
 Suite, Apt. #, etc.

**City & State**  
**Melbourne FL**  
**Zip** **32935** **Country** **USA**

**City & State**  
**Sarasota Beach**  
**Zip** **FL** **Country** **USA**

**4. FEI Number**  
**59-3691001**  
**Applied For** ☒ **Not Applicable**  
**5. Certificate of Status Desired** ☐ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**  
**SPIEGEL & UTRERA, P.A.**  
**343 ALMERIA AVENUE**  
**CORAL GABLES FL 33134**

**7. Name and Address of New Registered Agent**  
**Name** **Ann Wagenblast**  
**Street Address (P.O. Box Number is Not Acceptable)** **321 Turtle Circle**  
**City** **Sarasota Beach** **FL** **Zip Code** **32937**

**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** Ann Wagenblast **Ann Wagenblast** **3/4/02**  
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 NAME STREET ADDRESS CITY-ST-ZIP	PSTD WAGENBLAST, ANN D. 224 LANSING ISLAND DRIVE INDIAN HARBOR BEACH FL 32937 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD WAGENBLAST ANN D. 321 Turtle Circle Sarasota Beach FL 32937 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

**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:** Ann Wagenblast **3/4/02** **321-729-0127**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)