

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 12, 2002 8:00 am
Secretary of State
 05-12-2002 90611 048 ***150.00

DOCUMENT # P01000017120

1. Entity Name
L & R EQUIPMENT & SUPPLIES, INC.

Principal Place of Business
314 BUTTONWOOD DRIVE
KISSIMMEE FL 34743-9005

Mailing Address
314 BUTTONWOOD DRIVE
KISSIMMEE FL 34743-9005

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

2784 Michigan Ave.

2784 Michigan Ave.

City & State

City & State

Kissimmee, FL

Kissimmee, FL

Zip

Country

Zip

Country

34744

USA

34744

USA

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

RAGBIR, LILAWATIE
314 BUTTONWOOD DRIVE
KISSIMMEE FL 34743-9005

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]*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/29/02

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	RAGBIR, LILAWATIE	
STREET ADDRESS	314 BUTTONWOOD DRIVE	
CITY-ST-ZIP	KISSIMMEE FL 34743-9005	
TITLE	D	<input type="checkbox"/> Delete
NAME	RAGBIR, PARTAP R	
STREET ADDRESS	314 BUTTONWOOD DRIVE	
CITY-ST-ZIP	KISSIMMEE FL 34743-9005	
TITLE		<input type="checkbox"/> Delete
NAME		
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STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/02

Date

Daytime Phone #

CR2E034 (9/01)