

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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

04-09-2003 90162 006 ***150.00

DOCUMENT # P01000050051

1. Entity Name

DUVAL TRACTOR AND FARM EQUIPMENT, INC.



Principal Place of Business

2346 W. BEAVER ST.
JACKSONVILLE FL 32209
US

Mailing Address

P.O. BOX 1180
CALLAHAN FL 32011
US

2. Principal Place of Business

5565 W Brandies Av

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.



☐ CHECK HERE IF MAKING CHANGES

City & State
CALLAHAN FL

City & State

4. FEI Number 59-3720190

Applied For
Not Applicable

Zip 32011 Country NASSAU

Zip Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

AMOS, WILLIAM M
2346 W. BEAVER ST.
JACKSONVILLE FL 32209

Name MARTIN W AMOS, SR
Street Address (P.O. Box Number is Not Acceptable)
5565 W. BRANDIES AV
City CALLAHAN FL Zip Code 32011

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *[Signature]* MARTIN W AMOS, SR President 3/10/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P
NAME AMOS, MARTIN W SR.
STREET ADDRESS 4965 RATLIFF RD.
CITY-ST-ZIP CALLAHAN FL 32011 ☐ Delete

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

TITLE V
NAME AMOS, WILLIAM M
STREET ADDRESS 7263 RIDGE ESTATES W.
CITY-ST-ZIP GLEN ST. MARY FL 32040 ☒ Delete

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

TITLE
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CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

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

12. 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 10 or Block 11 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

3/10/03 904-879-1292

Date Daytime Phone #

CR2E034 (10/02)