

FOR PROFIT CORPORATION, UNIFORM BUSINESS REPORT (UBR)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATION
03 SEP 17 AM 11:59

DOCUMENT # PO1000119302

1. Entity Name
T & A EQUIPMENT SERVICE, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 6117 HOGAN CREEK RD Suite, Apt. #, etc.		3. Mailing Address 6117 HOGAN CREEK RD Suite, Apt. #, etc.	
City & State MARGATE, FL		City & State MARGATE, FL	
Zip 33063	Country	Zip 33063	Country

000020180916
03/19/03--01017--001 **300.00

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1159245		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name TIMOTHY SAMASH	
Street Address (P.O. Box Number is Not Acceptable) 6117 HOGAN CREEK RD	
City MARGATE	Zip Code 33063

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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

11.

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT TIMOTHY SAMASH 6117 HOGAN CREEK RD MARGATE, FL 33063	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: Timothy J Samash
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-14-03 954-695-2065
Date Daytime Phone #