

2001 UNIFORM BUSINESS REPORT (UBR)**FILED**
May 18, 2001 8:00 am
Secretary of State

0565051

05-18-2001 91221 046 ***550.00

DOCUMENT # P11765

1. Entity Name

SECO EQUIPMENT COMPANY, INC.

Principal Place of Business

616 7TH STREET N.
P.O. BOX 110099
BIRMINGHAM AL 35211

Mailing Address

616 7TH STREET N.
P.O. BOX 110099
BIRMINGHAM AL 35211**551405**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **63-0649033**

Applied For

Not Applicable

Zip

Country

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

PORTER, DALE
3611 E 4TH ST
PANAMA CITY FL 32405

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, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. 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	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
	PD						
	SIMMONS, JOHN F.	200 CHOCTAW LANE	PELHAM AL				
	VD						
	THOMAS, ANN	1221 RUMSON DR	BIRMINGHAM AL				
	STD						
	SIMMONS, ANNIE M.	200 CHOCTAW LANE	PELHAM AL				

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:

Anne Thomas
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR5/8/01
Date205-252-9443
Daytime Phone #

CR2034 (10/00)