

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 01, 2002 8:00 am
Secretary of State

04-01-2002 90626 028 ***150.00

DOCUMENT # P93000018522

1. Entity Name
ALACHUA TRACTOR & EQUIPMENT COMPANY, INC.

Principal Place of Business

12801 M.L.K. BLVD.
 ALACHUA FL 32615
 US

Mailing Address

P.O. BOX 1917
 ALACHUA FL 32616
 US

2. Principal Place of Business

14480 N.W. US Hwy. 441

3. Mailing Address

Suite, Apt. #, etc.

City & State

Alachua, FL.

City & State

Zip

32615

Country

US

Zip

Country

4. FEI Number

59-3170149

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

STOKES, TIMOTHY C
 12801 M.L.K. BLVD.
 ALACHUA FL 32615

7. Name and Address of New Registered Agent

Name

Timothy C. Stokes

Street Address (P.O. Box Number is Not Acceptable)

14480 N.W. US Hwy. 441

City

Alachua

FL

Zip Code

32615

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, 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	V	<input type="checkbox"/> Delete
NAME	STOKES, HAROLD F	
STREET ADDRESS	540 W. MILL ST	
CITY-ST-ZIP	BALDWIN FL 32234	
TITLE	P	<input type="checkbox"/> Delete
NAME	STOKES, TIMOTHY C	
STREET ADDRESS	12801 M.L.K. BLVD.	
CITY-ST-ZIP	ALACHUA FL 32615	
TITLE	ST	<input type="checkbox"/> Delete
NAME	MEREDITH, KATHY S	
STREET ADDRESS	1055 US 301 N	
CITY-ST-ZIP	BALDWIN FL 32234	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TIMOTHY C. STOKES	
STREET ADDRESS	14480 N.W. US Hwy. 441	
CITY-ST-ZIP	Alachua, FL. 32615	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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

Timothy C. Stokes
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

3/21/02

Daytime Phone #

386-462-5414

CR2E034 (9/01)