


2007

FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 10, 2007 8:00 am
Secretary of State

05-10-2007 90030 028 ***150.00

DOCUMENT # P93000062196	
1. Entity Name Palm Beach Equipment Rental & Sales, Inc.	

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 171 Glades Road	3. Mailing Address Same
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Boca Raton, FL	City & State
Zip 33432	Country

4. FEI Number 65-0439502	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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CR2E034B (8/05)

40110423

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name Cortlandt Schuyler
Street Address (P.O. Box Number is Not Acceptable) 171 Glades Road
City Boca Raton, FL
Zip Code 33432

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ **DATE** _____

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended AR is \$61.25
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

TITLE President	TITLE
NAME Cortlandt Schuyler	NAME
STREET ADDRESS 171 Glades Rd.	STREET ADDRESS
CITY-ST-ZIP Boca Raton, FL 33432	CITY-ST-ZIP
TITLE Vice President	TITLE
NAME Sandra Schuyler	NAME
STREET ADDRESS 171 Glades Rd.	STREET ADDRESS
CITY-ST-ZIP Boca Raton, FL 33432	CITY-ST-ZIP
TITLE	TITLE
NAME	NAME
STREET ADDRESS	STREET ADDRESS
CITY-ST-ZIP	CITY-ST-ZIP
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CITY-ST-ZIP	CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #