2001 UNIFORM BUSINESS REPORT (UBR) FILED Apr 25, 2001 8:00 am Secretary of State DOCUMENT # P94000087587 EVERGLADES EQUIPMENT SALES & LEASING INC. I-25-2001 90036 045 ***150.00 Principal Place of Business Mailing Address P.O. BOX 165119 1580 S.E. 25TH ST. FT LAUDERDALE FL 33316 FT LAUDERDALE FL 33316 US HS 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 65-0544647 Not Applicable Country \$8.75 Additional Country Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name SCHNITZER, GERALD Street Address (P.O. Box Number is Not Acceptable) 2455 E. SUNRISE BLVD. #502 FORT LAUDERDALE FL 33304 City Zip Code FI 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, 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 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Change Addition TITLE ☐ Delete TITLE SGARLATO, PETER A NAME NAME STREET ADDRESS STREET ADDRESS 1580 SE 15 STREET CITY-ST-ZIP CITY-ST-ZIP FT. LAUDERDALE FL 33316 Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Change Addition ☐ Delete TITLE

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.

MAME

TITLE

NAME

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NAME

STREET ADDRESS

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CITY-ST-ZIP

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CITY-ST-ZIP

SIGNATURE:

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CITY-ST-ZIF

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Delete

☐ Delete

Peter A. Sgarlato 4/20/01 (954) 767-0304

Change

☐ Change

Addition

Addition

CR2E034 (10/00)