

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000024928

1. Entity Name

INDIAN RIVER TRACTOR REPAIR & SALES, INC.

FILED

May 04, 2000 8:00 am  
Secretary of State

05-04-2000 90149 037 \*\*\*150.00

Principal Place of Business

Mailing Address

9035 17TH PLACE  
VERO BEACH FL 32968  
US

9035 17TH PLACE  
VERO BEACH FL 32966-6601  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 65-0561029

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

ROLLINS, DONALD  
9035 17TH PLACE  
VERO BEACH FL 32968

Name Arthur Voorhees  
Street Address (P.O. Box Number is Not Acceptable)  
9035 17th Place  
City Vero Beach FL Zip Code 32966

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 *Arthur Voorhees*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4-28-2000

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME ST  
STREET ADDRESS OHMSTEDE, RON  
CITY-ST-ZIP 2148 17TH ST  
VERO BEACH FL

TITLE  
NAME ☒ Change ☐ Addition  
ST  
Ohmstede, Ron  
2148 17th St  
Vero Beach, FL

TITLE  
NAME ☐ Delete  
Ohmstede, Ron  
2148 17th St  
Vero Beach, FL

TITLE  
NAME ☐ Change ☒ Addition  
P  
Art Voorhees  
9035 17th Place  
Vero Beach, FL 32966

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
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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: *Arthur Voorhees*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-28-2000

Date

5617702444

Daytime Phone #

CR2E034 (9/99)