

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2002 8:00 am
Secretary of State
 05-02-2002 90091 006 ***150.00

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DOCUMENT # P95000038555

1. Entity Name
L & D EQUIPMENT, INC.

Principal Place of Business
**207 TARPON PT.
 SUITE 207
 TARPON SPRINGS FL 34689
 US**

Mailing Address
**207 TARPON PT.
 SUITE 207
 TARPON SPRINGS FL 34689
 US**

358105



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
10144 Miracle Lane
 Suite, Apt. #, etc.:

3. Mailing Address
10144 Miracle Lane
 Suite, Apt. #, etc.:

City & State
New Port Richey, FL
 Zip **34654** Country **Pasco**

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New Port Richey, FL
 Zip **34654** Country **Pasco**

4. FEI Number **59-3314611**

Applied For
 Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**DAYHOFF, CHARLES S III
 3830 TAMPA ROAD
 SUITE 150
 PALM HARBOR FL 34684**

7. Name and Address of New Registered Agent

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, 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	PD	<input type="checkbox"/> Delete
NAME	TREMBLEY, LYNDIA J	
STREET ADDRESS	103 TARPON POINT	
CITY-ST-ZIP	TARPON SPRINGS FL 34689	
TITLE	VD	<input type="checkbox"/> Delete
NAME	TREMBLEY, DAVID H	
STREET ADDRESS	103 TARPON POINT	
CITY-ST-ZIP	TARPON SPRINGS FL 34689	
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	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Trembley, Lynda J.	
STREET ADDRESS	10144 New Port Richey Miracle Lane	
CITY-ST-ZIP	New Port Richey, FL 34654	
TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Trembley, David H.	
STREET ADDRESS	10144 Miracle Lane	
CITY-ST-ZIP	New Port Richey, FL 34654	
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: **David H. Trembley** **4-18-02 727-856-6253**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)