2000 UNIFORM BUSINESS REPORT (UBR)

FILED Feb 22, 2000 08:00 AM DOCUMENT # **P95000048050 Secretary of State** PALM BEACH TRUCK & EQUIPMENT CO., INC. Principal Place of Business Mailing Address 3787 INTERSTATE PARK ROAD WEST 3787 INTERSTATE PARK ROAD WEST RIVIERA BEACH FL RIVIERA BEACH FL 33404 33404 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0593300 Not Applicable Zip Country Country \$8.75 Additional X 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name HOUSTON AESQ. HOUSTON & SHADY, P.A. Street Address (P.O. Box Number is Not Acceptable) 316 NE 4TH ST FT. LAUDERDALE 33301 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. 02/22/2000 SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE JS \$150.00 9. This corporation is eligible to satisfy its Intangible After MAY 1, 2000 Fee will be \$550.00 10. Election Campaign Financing \$5.00 May Be 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 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ST Delete TITLE ☐ Change ☐ Addition MARTIN MICHAEL NAME STREET ADDRESS 3787 INTERSTATE PARK RD. WEST STREET ADDRESS CITY-ST-ZIP RIVIERA BEACH 33404 CITY-ST-ZIP TITLE ☐ Delete ΠP TITLE X Change ☐ Addition NAME ROBERT J. NAME ROBERT J. DOLLAR DOLLAR STREET ADDRESS 5651 NW 38TH TERR STREET ACCRESS 5651 NW 38TH TERR CITY-ST-ZIF CORSL SPRINGS FL. 33073 CITY-ST-7IP COCONUT CREEK FT. 33073 ☐ Delete TITLE TILE VP X Change ☐ Addition NAME SCOPETTA JOHN NAME SCOPETTA JOHN STREET ADDRESS 2909 S. ANDREWS STREET ADDRESS 2909 S. ANDREWS CITY-ST-ZIP FT. LAUDERDALE CITY-ST-ZIP FT. LAUDERDALE 33316 TITLE ☐ Defete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE ☐ Delete Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE Change ☐ Delete ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7/8

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.