

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 25, 2001 08:00 AM**
Secretary of State**DOCUMENT # P95000048050**1. Entity Name
PALM BEACH TRUCK & EQUIPMENT CO., INC.

Principal Place of Business 3787 INTERSTATE PARK ROAD WEST RIVIERA BEACH FL 33404	Mailing Address 3787 INTERSTATE PARK ROAD WEST RIVIERA BEACH FL 33404
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2. Principal Place of Business 3775 INTERSTATE PARK ROAD WEST	3. Mailing Address 3775 INTERSTATE PARK ROAD WEST
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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DO NOT WRITE IN THIS SPACE

City & State RIVIERA BEACH FL	City & State RIVIERA BEACH FL
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4. FEI Number 65-0593300	Applied For Not Applicable
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Zip 33404	Country	Zip 33404	Country
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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**HOUSTON BART AESQ.
HOUSTON & SHADY, P.A.
316 NE 4TH ST
FT. LAUDERDALE FL 33301 US

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 _____ **04/25/2001**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE9. 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, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. 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	ST	<input type="checkbox"/> Delete
NAME	MARTIN MICHAEL J	
STREET ADDRESS	3787 INTERSTATE PARK RD. WEST	
CITY-ST-ZIP	RIVIERA BEACH FL 33404	

TITLE	ST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARTIN MICHAEL J	
STREET ADDRESS	2909 S. ANDREWS AVENUE	
CITY-ST-ZIP	FT LAUDERDALE FL 33316	

TITLE	DP	<input type="checkbox"/> Delete
NAME	DOLLAR ROBERT J.	
STREET ADDRESS	5651 NW 38TH TERR	
CITY-ST-ZIP	COCONUT CREEK FL 33073	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	VP	<input type="checkbox"/> Delete
NAME	SCOPETTA JOHN	
STREET ADDRESS	2909 S. ANDREWS	
CITY-ST-ZIP	FT. LAUDERDALE FL 33316	

TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCOPETTA JOHN	
STREET ADDRESS	2909 S. ANDREWS AVENUE	
CITY-ST-ZIP	FT. LAUDERDALE FL 33316	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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STREET ADDRESS		
CITY-ST-ZIP		

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TITLE		<input type="checkbox"/> Delete
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: Robert J. Dollar
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PRE 04/25/2001

Date

Daytime Phone #

CR2E034 (11/00)