

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000050498

1. Entity Name

SIZEMORE EQUIPMENT, INC.

FILED
May 04, 2000 8:00 am
Secretary of State

05-04-2000 90069 049 ***150.00

Principal Place of Business

Mailing Address

18850 S.W. 216 STREET
MIAMI FL 33170

18850 S.W. 216 STREET
MIAMI FL 33170-1300

2. Principal Place of Business

25250 SW 145 Ave
Suite, Apt. #, etc.

3. Mailing Address

25250 SW 145 Ave
Suite, Apt. #, etc.

City & State

Homestead FL
Zip 33032 Country US

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Homestead FL
Zip 33032 Country US

4. FEI Number

65-0597697

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MAAS, JOHN P
44 N.E. 16TH STREET
HOMESTEAD FL

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, 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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
TP	FREE, JOHN U JR	7 COUNTRY DRIVE	HINGHAM MA	<input type="checkbox"/>
VPS	SIZEMORE, JOHN W	18850 S.W. 216 ST.	MIAMI FL	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

John Sizemore
Vice President

Date

Daytime Phone #

4/21/00 305-2575767

CR2E034 (9/99)