

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000067567

1. Entity Name

H & B INDUSTRIAL EQUIPMENT, INC.

FILED
Mar 15, 2000 8:00 am
Secretary of State

03-15-2000 90017 037 ***150.00

Principal Place of Business

1938 MATTHEW COURT
LAKELAND FL 33813
US

Mailing Address

P.O. BOX 6246
LAKELAND FL 33807-6246
US

2. Principal Place of Business

403 Hibriten Way

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Lakeland, FL

City & State

4. FEI Number

59-3334809

Applied For

Not Applicable

Zip

33803-2227

Country

USA

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HERNANDEZ, LUIS A
1812 TRISTAM
LAKELAND FL 33813

7. Name and Address of New Registered Agent

Name

Luis A. Hernandez

Street Address (P.O. Box Number is Not Acceptable)

403 Hibriten Way

City

Lakeland, FL

FL

Zip Code

33803-2227

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]

(NOTE: Registered Agent signature required when reinstating)

DATE

3/10/00

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
DVPT
HERNANDEZ, LUIS A
1938 MATTHEW COURT
LAKELAND FL 33813 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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TITLE
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STREET ADDRESS
CITY-ST-ZIP
☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DVPT
HERNANDEZ, LUIS A
403 Hibriten Way
Lakeland, FL 33803-2227 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP
☐ Change ☐ Addition

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☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/10/00

Date

863-802-1788

Daytime Phone #