

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 21, 2003 8:00 am
Secretary of State

01-21-2003 90073 030 ***150.00

DOCUMENT # P95000082482

1. Entity Name
A #1 GRADALL SPECIALIST, INC.



Principal Place of Business
P.O. BOX 210514
ROYAL PALM BEACH FL 33421

Mailing Address
P.O. BOX 210514
ROYAL PALM BEACH FL 33421



2. Principal Place of Business

2227 Driftwood Ci.

Suite, Apt. #, etc.

3. Mailing Address

2227 Driftwood Ci.

Suite, Apt. #, etc.

City & State

Palm Bch Gardens FL

Zip

Country

33410

City & State

Palm Bch Gardens, FL

Zip

Country

33410

4. FEI Number **65-0602211**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

AVON, RICHARD A
1640 'E' ROAD
LOXAHATCHEE FL 33470

7. Name and Address of New Registered Agent

Name
Avon, Richard A.

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

2227 Driftwood Circle

City

Palm Bch Gardens FL

Zip Code

33410

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
AVON, RICHARD A** ☐ Delete
1640 'E' ROAD
LOXAHATCHEE FL 33470

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-15-03

CR2E034 (10/02)