

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 10, 2000 8:00 am**  
**Secretary of State**

05-10-2000 90181 031 \*\*\*150.00

80089387

DO NOT WRITE IN THIS SPACE

DOCUMENT # **P96000005783**

1. Entity Name  
**P4R Equipment Service, Inc**

Principal Place of Business  
**142 Wildwood Dr  
Sanford FLA 32773**

Mailing Address  
**PO Box 952321  
Lakemary FLA 32795-2321**

2. Principal Place of Business  
**142 Wildwood Dr**  
Suite, Apt. #, etc.

3. Mailing Address  
**PO Box 952321**  
Suite, Apt. #, etc.

City & State  
**SANFORD FLA**

Zip  
**32773**

Country

City & State  
**LAKEMARY FLA**

Zip  
**32795-2321**

Country

4. FEI Number  
**59-3350656**

Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**Ralph Bragg**  
**142 Wildwood Dr**  
**SANFORD FLA 32773**

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 **Ralph E Bragg** (NOTE: Registered Agent signature required when reinstating)

DATE **4-30-00**

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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>RALPH BRAGG - President</b> <b>142 Wildwood Dr</b> <b>SANFORD FLA 32795-2321</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PATRICIA BRAGG</b> <b>142 Wildwood Dr</b> <b>SANFORD FLA 32773</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: **Ralph E Bragg** (SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)

DATE **4-30-00** DAYTIME PHONE # **407-468-3424**

CR2E034 (9/99)