

**2002 UNIFORM BUSINESS REPORT (UBR)****FILED**  
**Apr 17, 2002 8:00 am**  
**Secretary of State**

04-17-2002 90047 010 \*\*\*150.00

**DOCUMENT # P96000005783****1. Entity Name**  
**P & R EQUIPMENT SERVICE, INC.****Principal Place of Business****1050 END-O-THE -TRAIL**  
**GENEVA FL 32732****Mailing Address****PO BOX 952321**  
**LAKEMARY FL 32795-2321****2. Principal Place of Business****3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

**4. FEI Number****59-3350656**

Applied For

Not Applicable

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

DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent****7. Name and Address of New Registered Agent****BRAGG, RALPH**  
**142 WILDWOOD DR**  
**SANFORD FL 32773**

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, 2002 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 ☐ Delete  
NAME **PD**  
STREET ADDRESS **BRAGG, RALPH**  
CITY-ST-ZIP **142 WILDWOOD DR**  
**SANFORD FL 32785-2321**TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME **VPS**  
STREET ADDRESS **BRAGG, PATRICIA**  
CITY-ST-ZIP **142 WILDWOOD DR**  
**SANFORD FL 32723**TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
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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:***Patricia Bragg* **Patricia BRAGG**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2-12-02**

Date

**407-468-3424**

Daytime Phone #

CR2E034 (9/01)