03

UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000019950

1. Entity Name
BRIDGES EQUIPMENT & MAINTENANCE, INC.

FILED
03 MAY 12 AM 9:33
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
3530 E LAUREL RD	PO BOX 1000
NOKOMIS FL 34275	LITHIA FL 33547

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip / Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip / Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 65-0650656 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BRIDGES, D. LINDA
3530 E LAUREL RD
NOKOMIS FL 34275

7. Name and Address of New Registered Agent

Name: JOHN B. BRIDGES, SR.
Street Address (P.O. Box Number is Not Acceptable): 3530 E. LAUREL ROAD
City: NOKOMIS, FL Zip Code 34275

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 JOHN B. BRIDGES, SR PST [signature] DATE 04/01/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PST BRIDGES, D. LINDA 3530 E LAUREL RD NOKOMIS FL 34275	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PST JOHN B. BRIDGES, SR 3530 E. Laurel Road NOKOMIS, FL 34275	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	500019745965 05/22/03--01080--010 **70.00	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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] 04/01/03 PH: 813/737-1390