

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000027235

1. Entity Name

AMERICAN TANK & EQUIPMENT CO.

**FILED**  
**Apr 02, 2001 8:00 am**  
**Secretary of State**

04-02-2001 90087 014 \*\*\*150.00

0337007

Principal Place of Business  
3208 SYDNEY RD  
PLANT CITY FL 33567  
US

Mailing Address  
3208 SYDNEY RD  
PLANT CITY FL 33567  
US

735781



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
2702 Airport Road  
Suite, Apt. #, etc.

3. Mailing Address  
2702 Airport Road  
Suite, Apt. #, etc.

City & State  
Plant City, FL  
Zip  
33567  
Country  
Hawaii

4. FEI Number 59-3369716  
Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

OWENS, JAMES DALLAS  
3208 SYDNEY ROAD  
PLANT CITY FL 33567  
2702 Airport Road

7. Name and Address of New Registered Agent

Name  
Street Address (P.O. Box Number is Not Acceptable)  
2702 Airport Road  
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, 2001 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	CD	<input type="checkbox"/> Delete	TITLE	STD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OWENS, JAMES B		NAME	OWENS, James B.	
STREET ADDRESS	3208 SYDNEY RD		STREET ADDRESS	2702 Airport Road	
CITY-ST-ZIP	PLANT CITY FL		CITY-ST-ZIP	Plant City FL 33567	
TITLE	PD	<input type="checkbox"/> Delete	TITLE	PD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OWENS, JAMES D		NAME	OWENS, James D.	
STREET ADDRESS	3208 SYDNEY RD		STREET ADDRESS	2702 Airport Road	
CITY-ST-ZIP	PLANT CITY FL		CITY-ST-ZIP	Plant City FL 33567	
TITLE	VD	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OVERBY, CLYDE T JR		NAME		
STREET ADDRESS	5180 FAYANN ST		STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL 32812		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: [Signature] 3/19/01 813 7191666  
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (10/00)