

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000063503

1. Entity Name

FORTUNE'S EQUIPMENT CO.

FILED
Feb 06, 2001 8:00 am
Secretary of State

02-06-2001 90246 026 ***150.00

Principal Place of Business

8548 OLD SALT ROAD
LAUREL HILL FL 32567
US

Mailing Address

8548 OLD SALT ROAD
LAUREL HILL FL 32567
US

2. Principal Place of Business

8420 T.E. Rogers Rd.
Suite, Apt. #, etc.

3. Mailing Address

8420 T.E. Rogers Rd.
Suite, Apt. #, etc.

City & State

Laurel Hill, FL

City & State

Laurel Hill, FL

Zip

Country

32567

OKaloosa

Zip

Country

32567

OKaloosa

6. Name and Address of Current Registered Agent

FORTUNE, SCOTT S
8548 OLD SALT ROAD
LAUREL HILL FL 32567

4. FEI Number

59-3402724

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

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

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

TITLE	D	<input type="checkbox"/> Delete
NAME	FORTUNE, SCOTT S	
STREET ADDRESS	8548 OLD SALT ROAD	
CITY-ST-ZIP	LAUREL HILL FL 32567	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Fortune, Scott S.	(Same)
STREET ADDRESS	8420 T.E. Rogers Rd.	(Different address)
CITY-ST-ZIP	Laurel Hill, FL 32567	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/20/01 850-652-4530
Date Daytime Phone #

CR2001 (10/00)