

2000 UNIFORM BUSINESS REPORT (UBR)

4/

DOCUMENT # P97000021977

1. Entity Name

ALL EQUIP, INC.

Principal Place of Business

1465 OLD MOULTRIE RD
ST AUGUSTINE FL 32086

Mailing Address

1465 OLD MOULTRIE RD
ST AUGUSTINE FL 32086-5185

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-3019806

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SCHMIDT, WAYNE R
1465 OLD MOULTRIE RD
ST AUGUSTINE FL 32086

7. Name and Address of New Registered Agent

Name

MICHAEL STRICKLAND

Street Address (P.O. Box Number is Not Acceptable)

1465 OLD MOULTRIE Rd.

City

ST. AUGUSTINE

FL

Zip Code

32086

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

Michael B. Strickland

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

5-15-00

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, 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

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete

P
SCHMIDT, WAYNE R.
700 WEST POPE RD E-35
ST. AUGUSTINE FL 32086

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete

ST
STRICKLAND, MICHAEL
2172 CENTURY BLVD
ST. AUGUSTINE FL 32086

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete

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TITLE
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CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition

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TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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:

Michael B. Strickland

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/18/00 904-829-8736

Date

Daytime Phone #

CR2E034 (9/99)