

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000026470

1. Entity Name

DUGGER EQUIPMENT CORPORATION

FILED
Aug 22, 2000 8:00 am
Secretary of State

08-22-2000 90006 009 ***550.00

Principal Place of Business

2631 NW 41ST STREET
SUITE A
GAINESVILLE FL 32606

Mailing Address

2631 NW 41ST STREET
SUITE A
GAINESVILLE FL 32606

2. Principal Place of Business

ROUTE 10, BOX 916-H

3. Mailing Address

3520 NW 43RD STREET

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

LAKE CITY FL

City & State

GAINESVILLE FL

4. FEI Number

59-3494128

Applied For

Not Applicable

Zip

32025

Country

Zip

32606

Country

MACTUA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DOWNEY, KEVIN I
2631 NW 41ST STREET
SUITE B-2
GAINESVILLE FL 32606

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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 D ☐ Delete
NAME MARTIN, CELIA DMD
STREET ADDRESS ~~2041 NW 41ST STREET~~
CITY-ST-ZIP GAINESVILLE FL 32606

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 1615 NW 57 STREET
CITY-ST-ZIP

TITLE D ☐ Delete
NAME DUGGER, EDWARD DMD
STREET ADDRESS 3720 NW 43RD STREET
CITY-ST-ZIP GAINESVILLE FL 32606

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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CITY-ST-ZIP

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TITLE ☐ Change ☐ 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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-13-00

Date

Daytime Phone #

CR2E034 (5/00)