

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 13, 2001 8:00 am
Secretary of State

03-13-2001 90115 016 ***158.75

DOCUMENT # P97000036370

1. Entity Name

PAN-AMERICAN EQUIPMENT CO., INC.

Principal Place of Business

4412 N LOIS AVE.
 TAMPA FL 33614

Mailing Address

4412 N LOIS AVE.
 TAMPA FL 33614

2. Principal Place of Business

4420 N. Cortez Ave.

3. Mailing Address

4420 N. Cortez Ave.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Tampa, FL.

City & State

Tampa, FL

4. FEI Number

59-3443193

Applied For

Not Applicable

Zip

33614

Country

Hillsborough

Zip

33614

Country

Hillsborough

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

RIOS, JORGE E
 4412 N LOIS AVE.
 TAMPA FL 33614

7. Name and Address of New Registered Agent

Name

Edward F. Thomason

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

4420 N. Cortez Ave.

City

Tampa

FL

Zip Code

33614

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

Jorge E. Rios

Jorge E. Rios

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	PD	<input checked="" type="checkbox"/> Delete
NAME	RIOS, JORGE E	
STREET ADDRESS	4412 N LOIS AVE.	
CITY-ST-ZIP	TAMPA FL 33614	
TITLE	VD	<input type="checkbox"/> Delete
NAME	THOMASON, EDWARD	
STREET ADDRESS	4412 N LOIS AVE.	
CITY-ST-ZIP	TAMPA FL 33614	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	RODRIGUEZ, ALFREDO	
STREET ADDRESS	3125 W CHERRY ST.	
CITY-ST-ZIP	TAMPA FL 33607	
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"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Registered AGENT	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Edward F. Thomason	
STREET ADDRESS	4420 N. Cortez Ave.	
CITY-ST-ZIP	Tampa, FL. 33614	
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: *Edward F. Thomason V.P. / Registered AGENT*

(813) 875-9501

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Edward F. Thomason

Date

Daytime Phone #

CR2E034 (10/00)