FILED

2001 UNIFORM BUSINESS REPORT (UBR)

Apr 07, 2001 8:00 am Secretary of State DOCUMENT # P98000021806 1. Entity Name NEWMAN EQUIPMENT SERVICE, INC. 04-07-2001 90008 004 ***150.00 Principal Place of Business Mailing Address 37 DOLPHIN ROAD PO BOX 615 KEY LARGO FL 33037 KEY LARGO FL 33037 2. Principal Place of Business 3. Mailing Address 4260 SW 136 St. Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 65-0824251 miarm Not Applicable \$8.75 Additional Zip Country Zip Country 5. Certificate of Status Desired 33186 Fee Required λĺ 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name **NEWMAN, RONALD** Street Address (P.O. Box Number is Not Acceptable) 37 DOLPHIN ROAD KEY LARGO FL 33037 Zip Code City 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 DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12 11. ☐ Delete TITLE Addition TITLE NEWMAN, RONALD NAME NAME STREET ADDRESS STREET ADDRESS 37 DOLPHIN ROAD CITY-ST-7IP CITY-ST-7IE KEY LARGO FL 33037 TITLE Addition ☐ Delete TITLE ESSMAN, JULIA NAME NAME STREET ADDRESS STREET ADDRESS 37 DOLPHIN ROAD CITY-ST-ZIP CITY-ST-ZIP KEY LARGO FL 33037 ☐ Delete Addition TITLE NAME **BEGLEY, JEFFREY** NAME STREET ADDRESS STREET ADDRESS 27 AVE A CITY-ST-ZIP PC 33037 CITY-ST-ZIP KEY LARGO FL 33637 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITI F 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.

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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO