

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000025711

1. Entity Name
BIG T EQUIPMENT ORLANDO, INC.

FILED
Aug 17, 2000 8:00 am
Secretary of State

08-17-2000 90105 007 ***150.00

Principal Place of Business

11310 S. ORANGE BL. TR
STE. 103
ORLANDO FL 32837

Mailing Address

11310 S. ORANGE BL. TR
STE. 103
ORLANDO FL 32837

2. Principal Place of Business

865 Osceola Trail
Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

Casselberry FL 32707
Zip 32707 Country Seminole

City & State

Zip

Country

4. FEI Number

59-3510624

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

AMERILAWYER
343 ALMERIA AVENUE
CORAL GABLES FL 33134

Name

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

City

FL

Zip Code

7. Name and Address of New Registered Agent

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

TITLE P
NAME ARCCULEO, PETER
STREET ADDRESS 1661 NW 61 AVE
CITY-ST-ZIP MARGATE FL 33063 ☐ Delete

TITLE ST
NAME STOLLER, JAMES
STREET ADDRESS 1661 NW 61 AVE
CITY-ST-ZIP MARGATE FL 33063 ☐ Delete

TITLE D
NAME STOLLER, GENE
STREET ADDRESS 1661 NW 61 AVE
CITY-ST-ZIP MARGATE FL 33063 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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 ☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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

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

Peter J. Arculeo
President

Date

Daytime Phone #

CR2E034 (5/00)

Attachment
Doc#: P98000025711
DW79844

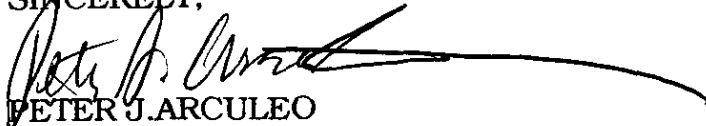
August 4, 2000

To Whom It May Concern:

I DID NOT RECEIVE THE FIRST CORPORATION FORM. THE ONE I
NORMALLY PAY PRIOR TO MAY. ON THIS DAY I SPOKE WITH NATHAN
T. IN PUBLIC INQUIRY AT 8:30AM. HE ADVISED I WRITE THIS LETTER
~~AND PAY THE NORMAL \$150.00 FEE.~~

THANK YOU FOR YOUR HELP.

SINCERELY,



PETER J. ARCULEO
President, Big T Equipment-Orlando
(407) 851-0100