

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 07, 2002 8:00 am
Secretary of State

03-07-2002 90057 018 ***150.00

DOCUMENT # P98000025711

1. Entity Name

BIG T EQUIPMENT ORLANDO, INC.

Principal Place of Business

865 OSCEOLA TRAIL
 CASSELBERRY FL 32707

Mailing Address

865 OSCEOLA TRAIL
 CASSELBERRY FL 32707

2. Principal Place of Business

560 S. Triplet LK Dr
 Suite, Apt. #, etc.

3. Mailing Address

560 S. Triplet LK Dr.
 Suite, Apt. #, etc.

City & State

Casselberry FL

City & State

Casselberry FL

Zip

32707

Country

USA

Zip

32707

Country

USA

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

7. Name and Address of New Registered Agent

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

Peter J. Wauler

02/20/2002

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, 2002 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 ☐ Delete
 NAME P
 STREET ADDRESS ARCCLEO, PETER
 CITY-ST-ZIP 1661 NW 61 AVE
 MARGATE FL 33063

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

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
 NAME
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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:

Peter J. Wauler

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/20/2002

Date

Daytime Phone #

(407) 851-0000

CP2F034 (9/01)