

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 11, 2002 8:00 am
Secretary of State

02-11-2002 90042 032 ***150.00

036378 AV

DOCUMENT # P99000002679

1. Entity Name

ANDY'S TRUCK & EQUIPMENT RENTAL, INC.

Principal Place of Business

**1141 SOUTH MILITARY TRAIL
 WEST PALM BEACH FL 33415**

Mailing Address

**1141 SOUTH MILITARY TRAIL
 WEST PALM BEACH FL 33415**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

931 Patrick Drive

West Palm Beach FL

33406

U.S.A.

4. FEI Number

65-0906862

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**OLIVERA, JESUS ANDY JR
 1141 SOUTH MILITARY TRAIL
 WEST PALM BEACH FL 33415**

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

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	D	<input type="checkbox"/> Delete
NAME	OLIVERA, JESUS ANDY JR	
STREET ADDRESS	1141 S. MILITARY TRAIL	
CITY-ST-ZIP	WEST PALM BEACH FL 33415	
TITLE	ST	<input type="checkbox"/> Delete
NAME	OLIVERA, DALIA M	
STREET ADDRESS	1141 S MILITARY TR	
CITY-ST-ZIP	WEST PALM BEACH FL 33415	
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		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	only mailing address	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	931 Patrick Drive	
STREET ADDRESS	West Palm Beach, Florida 33406	
CITY-ST-ZIP	only mailing address	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	931 Patrick Drive	
NAME	West Palm Beach, Florida 33406	
STREET ADDRESS		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/24/02 (561) 965-6666

CR2E034 (9/01)