

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 13, 2003 8:00 am**  
**Secretary of State**

01-13-2003 90152 001 \*\*\*150.00

<b>DOCUMENT #</b> P99000002679	
<b>1. Entity Name</b> ANDY'S TRUCK & EQUIPMENT RENTAL, INC.	

<b>Principal Place of Business</b> 1141 SOUTH MILITARY TRAIL WEST PALM BEACH FL 33415	<b>Mailing Address</b> 931 PATRICK DRIVE WEST PALM BEACH FL 33406
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<b>2. Principal Place of Business</b> 8751 S.W. Old Kansas Avenue Suite, Apt. #, etc.	<b>3. Mailing Address</b> 8751 S.W. Old Kansas Avenue Suite, Apt. #, etc.
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☒ CHECK HERE IF MAKING CHANGES

<b>City &amp; State</b> Stuart, Florida	<b>City &amp; State</b> Stuart, Florida	<b>4. FEI Number</b> 65-0906862	<b>Applied For</b> <input type="checkbox"/> Not Applicable
<b>Zip</b> 34997	<b>Country</b> USA	<b>Zip</b> 34997	<b>Country</b> USA
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	

<b>6. Name and Address of Current Registered Agent</b>  OLIVERA, JESUS ANDY JR 1141 SOUTH MILITARY TRAIL WEST PALM BEACH FL 33415	<b>7. Name and Address of New Registered Agent</b>  Name Street Address (P.O. Box Number is Not Acceptable) 8751 S.W. Old Kansas Avenue City Stuart FL Zip Code 34997
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**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. I am familiar with, and accept the obligations of registered agent.

**SIGNATURE** \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) **DATE** \_\_\_\_\_

<b>FILE NOW!!! - FEE IS \$150.00</b> <b>After May 1, 2003 Fee will be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>	<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
<b>TITLE</b> D <b>NAME</b> OLIVERA, JESUS ANDY JR <b>STREET ADDRESS</b> 931 PATRICK DRIVE <b>CITY-ST-ZIP</b> WEST PALM BEACH FL 33406	<input type="checkbox"/> Delete	<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> ST <b>NAME</b> OLIVERA, DALIA M <b>STREET ADDRESS</b> 931 PATRICK DRIVE <b>CITY-ST-ZIP</b> WEST PALM BEACH FL 33406	<input type="checkbox"/> Delete	<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete	<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete	<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete	<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition

**12.** 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 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

**SIGNATURE** \_\_\_\_\_ **SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Date 1-6-03 (772) 463-5770 Daytime Phone #

CR2E034 (10/02)