

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 19, 2001 8:00 am
Secretary of State

04-19-2001 90291 050 ***150.00

DOCUMENT # P99000009419

1. Entity Name

TUFF TRUCKS & EQUIPMENT SALES, INC.

Principal Place of Business

5254 NORTH US 441
OCALA FL 34475

Mailing Address

5254 NORTH US 441
OCALA FL 34475

2. Principal Place of Business

5264 NORTH US 441

Suite, Apt. #, etc.

3. Mailing Address

5264 NORTH US 441

Suite, Apt. #, etc.

City & State

OCALA FL

City & State

OCALA FL

Zip

34475

Country

USA

Zip

34475

Country

USA

4. FEI Number

59-3554942

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

FENNER, CHARLES B
5254 NORTH US 441
OCALA FL 34475

7. Name and Address of New Registered Agent

Name

FENNER, CHARLES B.

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

5264 NORTH US 441

City

OCALA

FL

Zip Code

34475

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).

04/14/01

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, 2001 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** ☐ Delete
NAME **FENNER, CHARLES B**
STREET ADDRESS **5254 NORTH US 441**
CITY-ST-ZIP **OCALA FL 34475**

TITLE **ST** ☐ Delete
NAME **FENNER, MARYLIN E**
STREET ADDRESS **5254 NORTH US 441**
CITY-ST-ZIP **OCALA FL 34475**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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 **5264 NORTH US 441**
CITY-ST-ZIP **OCALA, FL 34475**

TITLE ☒ Change ☐ Addition
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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 or without other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CHARLES B. FENNER 04/14/01 (352) 369-6161

Date

Daytime Phone #

CR2E034 (10/00)