

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 19, 2000 8:00 am
Secretary of State

01-19-2000 90303 035 ***158.75

DOCUMENT # P99000039983

1. Entity Name
NORTH EQUITY & RENTALS, INCORPORATED

Principal Place of Business Mailing Address
583 "G" PONDELLA RD 583 "G" PONDELLA RD
N FT MYERS FL 33903 N FT MYERS FL 33903-7117

C0005916



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.
583-"G" PONDELLA Rd. 583-"G" PONDELLA Rd.
 City & State City & State
N. Ft. MYERS, Florida N. Ft. MYERS, Florida
 Zip Country Zip Country
33903-7117 33903-7117

4. FEI Number Applied For
65-0917891 Not Applicable
 5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
BRETZ, BARBARA D
583 "G" PONDELLA RD
N FT MYERS FL 33903

7. Name and Address of New Registered Agent
 Name **SAND, GEORGE A.**
 Street Address (P.O. Box Number is Not Acceptable) **583-H- PONDELLA ROAD**
 City **N. Ft. MYERS** FL Zip Code **33903**

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.
GEORGE A. SAND - PRES. SENT
 SIGNATURE *George August Sand* - Jan. 6, 2000
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, 2000 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 checked="" type="checkbox"/> Delete |
| NAME | BRETZ, BARBARA D | |
| STREET ADDRESS | 17100 TAMiami TRAIL, LOT 119 | |
| CITY-ST-ZIP | PUNTA GORDA FL 33955 | |
| TITLE | D | <input checked="" type="checkbox"/> Delete |
| NAME | SAND, GEORGE A | |
| STREET ADDRESS | 17100 TAMiami TRAIL, LOT 119 | |
| CITY-ST-ZIP | PUNTA GORDA FL 33955 | |
| 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. DIRECTOR POSITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|----------------|---|---|
| TITLE | ← | <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | BRETZ, BARBARA D. | |
| STREET ADDRESS | 17100 Tamiami Trail, Lot # 119 | |
| CITY-ST-ZIP | PUNTA GORDA, FL 33955 (Director) | |
| TITLE | Pres. | <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | SAND, GEORGE A. | |
| STREET ADDRESS | 540 ELLIS STREET | |
| CITY-ST-ZIP | N. FT. MYERS, FLA. 33903 (Director & President) | |
| TITLE | ← | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | JAMES N. HESS | |
| STREET ADDRESS | 1064 - N. TAMiami TRAIL - Lot # 22 | |
| CITY-ST-ZIP | N. FT. MYERS, Florida 33903 | |
| TITLE | ← | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | HOPKINS - Judith | |
| STREET ADDRESS | 40 NYBORG "Windmill-Village" | |
| CITY-ST-ZIP | N. FT. MYERS, FLA. 33903 | |
| 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: *George August Sand* - Jan. 6, 2000 (941) 656-3577
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #