

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000039983

1. Entity Name

NORTH EQUITY & RENTALS, INCORPORATED

Principal Place of Business

583 "G" PONDELLA RD
N FT MYERS FL 33903

Mailing Address

583 "G" PONDELLA RD
N FT MYERS FL 33903-7117

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

583-"G" PONDELLA Rd.

Suite, Apt. #, etc.

583-"G" PONDELLA Rd.

City & State

N. Ft. MYERS, Florida

City & State

N. Ft. MYERS, Florida

Zip

33903-7117

Country

Zip

33903-7117

Country

4. FEI Number

65-0917891

Applied For

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-G PONDELLA RD
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 | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

12. DIRECTOR ELECTIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|----------------|---|---|
| TITLE | ← DIRECTOR | <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 (DIRECTOR & PRESIDENT) | |
| CITY-ST-ZIP | N. FT. MYERS, FLA. 33903 | |
| TITLE | ← DIRECTOR | <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 | ← DIRECTOR | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | HOPKINS - Judith | |
| STREET ADDRESS | 40 NYBORO "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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

George August Sand - Jan. 6, 2000

(941) 656-3577

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

01-19-2000 90303 035 ***158.75

C0005916



DO NOT WRITE IN THIS SPACE