

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 13, 2001 8:00 am
Secretary of State

02-13-2001 90304 001 ***150.00
02-13-2001 90304 002 *****8.75

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

2. Principal Place of Business

5461 - Sixth STREET
Suite, Apt. #, etc.

3. Mailing Address

P.O. Box #4329
Suite, Apt. #, etc.

City & State

FT. MYERS - FLORIDA

City & State

N. FT. MYERS, FLORIDA

Zip

33907

Country

LEE

Zip

33918

Country

LEE

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

7. Name and Address of New Registered Agent

SAND, GEORGE A

583 G PONDELLA ROAD
N FT MYERS FL 33903

Name

GEORGE AUGUST SAND

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

17100 TAMiami TRAIL - LOT #53 PINE

City

PUNTA GORDA

FL

Zip Code

33955

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 *George August Sand*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

01/22/2001

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | <input checked="" type="checkbox"/> Delete |
|-------|------|------------------|---|--|
| | D | BRETZ, BARBARA D | 17100 TAMiami TR LOT #119 PUNTA GORDA FL 33955 | |
| | PD | SAND, GEORGE A | 540 ELLIS ST FORT MYERS FL 33903 | <input type="checkbox"/> Delete |
| | D | HESS, JAMES N | 1064 N TAMiami TR LOT#22 FORT MYERS FL 33903 | <input checked="" type="checkbox"/> Delete DECEASED |
| | D | HOPKINS, JUDITH | 40 NYBORG WINDMILL-VILLAGE FORT MYERS FL 33903 | <input checked="" type="checkbox"/> Delete DECEASED |
| | | | | <input type="checkbox"/> Delete |
| | | | | <input type="checkbox"/> Delete |

| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
|-------|------|-----------------|---|--|
| | PD | SAND, GEORGE A. | P.O. Box 4329 N. FT. MYERS, FLORIDA 33918-4329 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| | | | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| | | | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| | | | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| | | | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

01/22/2001 941-671-5395

CR2E034 (10/00)