

# 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.**

**20174**



DO NOT WRITE IN THIS SPACE

City & State  
**FT. MYERS - FLORIDA**

City & State  
**N. FT. MYERS, FLORIDA**

4. FEI Number **65-0917891**

Applied For  
 Not Applicable

Zip Country  
**33907 LEE**

Zip Country  
**33918 LEE**

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)

**01/22/2001**  
 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

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 | <input checked="" type="checkbox"/>          |
| PD    | SAND, GEORGE A   | 540 ELLIS ST               | FORT MYERS FL 33903  | <input type="checkbox"/>                     |
| D     | HESS, JAMES N    | 1064 N TAMiami TR LOT#22   | FORT MYERS FL 33903  | <input checked="" type="checkbox"/> DECEASED |
| D     | HOPKINS, JUDITH  | 40 NYBORG WINDMILL-VILLAGE | FORT MYERS FL 33903  | <input checked="" type="checkbox"/> DECEASED |
|       |                  |                            |                      | <input type="checkbox"/>                     |
|       |                  |                            |                      | <input type="checkbox"/>                     |

| 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"/> | <input type="checkbox"/>          |
|       |                 |                |                                  | <input type="checkbox"/>            | <input type="checkbox"/>          |
|       |                 |                |                                  | <input type="checkbox"/>            | <input type="checkbox"/>          |
|       |                 |                |                                  | <input type="checkbox"/>            | <input type="checkbox"/>          |

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

**01/22/2001**  
 Date

**941-671-5395**  
 Daytime Phone #

CR2E034 (10/00)