

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000050831

1. Entity Name

S. H. O. TRUCK EQUIPMENT, INC.

FILED

May 09, 2000 8:00 am  
Secretary of State

05-09-2000 90006 020 \*\*\*150.00

Principal Place of Business

Mailing Address

4710 BEACON ST.  
ORLANDO FL 32808-2614

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ORLANDO FL 32808-2614

2. Principal Place of Business

3. Mailing Address

7616 Narcoossee Rd  
Suite, Apt. #, etc.  
Orlando, FL

P.O. Box 568245  
Suite, Apt. #, etc.  
Orlando, FL

City & State

City & State

4. FEI Number  
59-3580449

Applied For  
Not Applicable

Zip  
32822

Country  
USA

Zip  
32856

Country  
USA

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

HAIR, WILLIAM M  
4710 BEACON ST.  
ORLANDO FL 32808-2614

Name: Pamela N. Shaw  
Street Address (P.O. Box Number is Not Acceptable)  
645 W. Michigan St.  
City: Orlando FL Zip Code: 32805

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

Pamela N. Shaw

4-26-00

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HAIR, WILLIAM M 4710 BEACON ST. ORLANDO FL 32808-2614	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV Hair, William M. Add Vice-Pres	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP Tripp, Gary H. 4400 Tidewater Dr. Orlando, FL 32812	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV Burden, Randy O. 1611 S. Summerlin Ave. Orlando, FL 32806	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST Shaw, Pamela N. 2901 S. Osceola Ave. Orlando, FL 32806	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<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:

Pamela N. Shaw

Pamela N. Shaw 4-26-00

Date

Daytime Phone #

407-426-8252

CR2E034 (9/99)