

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 04, 2001 8:00 am
Secretary of State

04-04-2001 90022 026 ***158.75

DOCUMENT # 799000050831

1. Entity Name

S.H.O. Truck Equipment, Inc.

Principal Place of Business

Mailing Address

2. Principal Place of Business

4710 Beacon Street

3. Mailing Address

4710 Beacon Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Orlando FL

City & State

Orlando, FL

Zip

32808

Country

Orange

Zip

32808

Country

Orange

4. FEI Number

59-3580449

Applied For

Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

A0042026

6. Name and Address of Current Registered Agent

Pamela N. Shaw
645 W. Michigan Street
Orlando, FL 32805

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

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, 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

TITLE	Director/President	<input type="checkbox"/> Delete
NAME	Hair, William M.	
STREET ADDRESS	4710 Beacon Street	
CITY-ST-ZIP	Orlando, FL 32808	
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	Tripp, Gary H.	
STREET ADDRESS	4400 Tidewater Dr.	
CITY-ST-ZIP	Orlando, FL 32812	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	Burden, Randy O.	
STREET ADDRESS	1611 S. Summerlin Ave.	
CITY-ST-ZIP	Orlando, FL 32806	
TITLE	ST	<input checked="" type="checkbox"/> Delete
NAME	Shaw, Pamela N.	
STREET ADDRESS	2901 S Osceola Ave.	
CITY-ST-ZIP	Orlando, FL 32806	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	Change to President	<input checked="" 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		
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		
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: Pamela N. Shaw Pamela N. Shaw

3-26-01

(407) 426-8252

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)