FILED

## 2002 Uniform Business Report (UBR)

## Apr 16, 2002 8:00 am § Secretary of State DOCUMENT # P99000057589 1. Entity Name 04-16-2002 90060 022 \*\*\*150.00 B & B EQUIPMENT RENTALS, INC. Principal Place of Business Mailing Address 15787 331 SOUTH 15787 331 SOUTH FREEPORT FL 32439 FREEPORT FL 32439 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3588414 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BEAVER, CHARLES A Street Address (P.O. Box Number is Not Acceptable) 15787 331 SOUTH FREEPORT FL 32439 City 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. TITLE TITLE ☐ Delete Addition NAME NAME 15787 331 50074 BEAVER, CHARLES A STREET ADDRESS STREET ADDRESS 15787 331 SOUTH FREE POINT R. 32739 CITY-ST-ZIP CITY-ST-ZIP FREEPORT FL 32439 **X**Delete TITLE TITLE ☐ Change ■ Addition F. PINCKAM NAME NAME BRANNON, SCOTT A 331 SOUTH STREET ADDRESS STREET ADDRESS P.O. BOX 504 CITY-ST-ZIP CITY-ST-ZIP FL. FREEPORT FL 32439 Delete TITLE TITLE Change Addition : NAME NAME BRANNON, RONNIE L JR. STREET ADDRESS STREET ADDRESS 328 S. 2ND. STREET CITY-ST-ZIP CITY-ST-ZIP **DUFUNIAK SPRINGS FL 32433** TITLE TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

CAMRUES

SIGNATURE:

PROSIDENT -DIRECTOR OY/10/02