2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 25, 2001 8:00 am
Secretary of State
05-14-2001 90268 017 ***150.00

DOCUMENT # P99000111843

1. Entity Name
H.D. EQUIPMENT, INC.

UA

8609

Principal Place of Business	Mailing Address
10200 U.S. HIGHWAY 92 EAST TAMPA FL 33610	10200 U.S. HIGHWAY 92 EAST TAMPA FL 33610

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Same	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-3617447 ☐ 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
MCINTOSH, ANDREW L C/O PIPER MARBURY RUDNICK & WOLFE 101 EAST KENNEDY BLVD., SUITE 2000 TAMPA FL 33602	Name: John M Meagher Street Address (P.O. Box Number is Not Acceptable): 10200 U.S. HWY 92 East City: Tampa FL Zip Code: 33647

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] John M Meagher 4/24/01
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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MEAGHER, JOHN M 345 BAYSHORE BLVD. SUITE 701 TAMPA FL 33606	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition John M Meagher 15350 Amberley Dr #221 Tampa, FL 33647
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ROESE, BENJAMIN T 1301 SOUTH HOWARD AVENUE TAMPA FL 33606	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition Benjamin T Roese 3942 Venetian Way Tampa, FL 33634
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ROESE, WILLIAM C II 21 CHIPPEWA STREET TAMPA FL 33606	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition William C Roese II 3942 Venetian Way Tampa, FL 33634
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (10/00)

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: [signature] 3-24-01 813-643-2357
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #