

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 22, 2002 8:00 am**  
**Secretary of State**

05-22-2002 90176 047 \*\*\*150.00

**DOCUMENT # S21132**

**1. Entity Name**  
**R & R HEAVY EQUIPMENT REPAIR, INC.**

**Principal Place of Business**  
**2614 CRYSTAL LAKE ACRES**  
**LAKELAND FL 33801**  
**US**

**Mailing Address**  
**PO BOX 2604**  
**EATON PARK FL 33804**  
**US**



DO NOT WRITE IN THIS SPACE

**2. Principal Place of Business**

**3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

**4. FEI Number** **59-3039993**

Applied For

Not Applicable

Zip

Country

Zip

Country

**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**

**INGRAM, LORIE H**  
**4918 LOG CABIN DRIVE**  
**LAKELAND FL 33809**

*New Address*  
*→*

Name **Lorie H Ingram**

Street Address (P.O. Box Number is Not Acceptable)  
**2614 Crystal Lake Acres Dr**  
**Lakeland Florida**

City **FL** Zip Code **33801**

**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 *Lorie H. Ingram* **Lorie H. Ingram**

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, 2002 Fee will be \$550.00**  
**Make Check Payable to Department of State**

**10. Election Campaign Financing** ☐ **\$5.00 May Be Added to Fees**  
 Trust Fund Contribution.

**11. OFFICERS AND DIRECTORS**

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE ☐ Delete  
 NAME **STD**  
 STREET ADDRESS **INGRAM, FRANK R**  
 CITY-ST-ZIP **PO BOX 825 (N/A)**  
**LAKEKLAND FL 33802**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME **PD**  
 STREET ADDRESS **INGRAM, LORIE H**  
 CITY-ST-ZIP **PO BOX 825 (N/A)**  
**LAKEKLAND FL 33802**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
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**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: *Lorie H. Ingram* **Lorie H. Ingram** **4-24-02** **863 668-5497**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)