

**2000 UNIFORM BUSINESS REPORT (UBR)**

2/2

**FILED**  
**May 01, 2000 8:00 am**  
**Secretary of State**

02-21-2000 90040 043 \*\*\*150.00

DOCUMENT # **S28911** ✓  
 1. Entity Name  
**National Specialty Equipment, Inc.**  
 Principal Place of Business: **4910 Hwy. 574 W. Plant City FL**  
 Mailing Address: **C/O Suncoast Convention Serv. Inc. 4800 N. Hwy 301 Tampa FL 33610**

2. Principal Place of Business  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

3. Mailing Address  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

4. FEI Number  
**59-3058031**

Applied For  
 Not Applicable

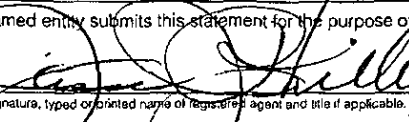
5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent  
**Phillips, Jesse J.**  
**4520 Swann Ave.**  
**Tampa FL 33647**

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:  **Jesse J. Phillips** **2-3-00**  
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.

**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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Robinson, Carlota</b> <input checked="" type="checkbox"/> Delete: <b>509 Lisa Lane</b> <b>Brandon FL 33511</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete: <b>Umiker, Thomas L., Tres</b> <b>4910 Hwy 574 W.</b> <b>Plant City FL</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete: <b>Buehner James F., V.P.</b> <b>5528 Thistlewood Ct.</b> <b>Darien Fl</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete: <b>Phillips, Jesse J., President</b> <b>4520 Swann Ave.</b> <b>Tampa FL 33647</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete:
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete:

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>Julie Umiker, Secretary</b> <b>4910 Hwy 574 W.</b> <b>Plant City FL</b>
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
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:  **Jesse J. Phillips** **2-3-00** **(813) 628-8301**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)