FILED

2002 UNIFORM BUSINESS REPORT (UBR)

Feb 20, 2002 8:00 am Secretary of State **DOCUMENT #** S28911 1. Entity Name 02-20-2002 90061 035 ***150 00 NATIONAL SPECIALTY EQUIPMENT, INC. Principal Place of Business Mailing Address 4910 HWY 574 W C/O SUNCOAST CONVENTION SERV.. INC. PLANT CITY FL 4800 N HWY 301 TAMPA FL 33610 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 59-3058031 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent PHILLIPS, JESSE J Street Address (P.O. Box Number is Not Acceptable) 4520 SWANN AVE. TAMPA FL 33647 City Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or e State of Florida. egistered agent, SIGNATURE FILE NOWL! FEE IS \$150.00 This corporation is eligible to satisfy its Intangible 10.-Election Campaign Financing= Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE □ Delete TITLE ☐ Addition UNIKER, JULIE NAME NAME STREET ADDRESS 4910 HWY 574 W STREET ADDRESS CITY-ST-ZIP PLANT CITY FL CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition NAME UMIKER, THOMAS L. STREET ADDRESS STREET ADDRESS 4910 HWY. 574 W. CITY-ST-ZIP CITY-ST-ZIP PLANT CITY FL TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME BUEHNER, JAMES F. STREET ADDRESS STREET ADDRESS 8528 THISTLEWOOD CT. CITY-ST-7IP CITY-ST-ZIP DARIEN IL TITLE ☐ Delete TITLE ■ Addition Change NAME PHILLIPS, JESSE J. NAME STREET ADDRESS =17565 FAIR MEADOW DRIVE ---STREET ADDRESS CITY-ST-ZIP TAMPA FL 33647 CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Change ☐ 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 Shapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

SIGNATURE:

changed, or on an attachment with an address, with all other