

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 27, 2003 8:00 am
Secretary of State

02-27-2003 90170 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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3058031**

Applied For
Not Applicable

Zip Country

Zip Country

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

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**PHILLIPS, JESSE J
4520 SWANN AVE.
TAMPA FL 33647**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Jesse J. Phillips CEO* **2/25/2003**
(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Delete
NAME **S UNIKER, JULIE**
STREET ADDRESS **4910 HWY 574 W**
CITY-ST-ZIP **PLANT CITY FL**

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

TITLE Delete
NAME **D UNIKER, THOMAS L.**
STREET ADDRESS **4910 HWY. 574 W.**
CITY-ST-ZIP **PLANT CITY FL**

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

TITLE Delete
NAME **D BUEHNER, JAMES F.**
STREET ADDRESS **8528 THISTLEWOOD CT.**
CITY-ST-ZIP **DARIEN IL**

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

TITLE Delete
NAME **D PHILLIPS, JESSE J.**
STREET ADDRESS **17565 FAIR MEADOW DRIVE**
CITY-ST-ZIP **TAMPA FL 33647**

TITLE Change Addition
NAME *CEO JESSE J. Phillips*
STREET ADDRESS *4520 SWANN AVE*
CITY-ST-ZIP *Tampa FL 33609*

TITLE Delete
NAME _____
STREET ADDRESS _____
CITY-ST-ZIP _____

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

TITLE Delete
NAME _____
STREET ADDRESS _____
CITY-ST-ZIP _____

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Jesse J. Phillips* **2-25-2003** **813 628-8301**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)