

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S35331

1. Entity Name

A-BAR-B EQUIPMENT SALES, INC.

FILED
Jul 17, 2000 8:00 am
Secretary of State

07-17-2000 90073 028 ***550.00

Principal Place of Business

12100 NW 110TH AVE
REDDICK FL 32686
US

Mailing Address

12100 N.W. 110TH AVE.
REDDICK FL 32686-4100
US

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

59-3057028

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

CULLISON III, H. E.
6318 NW 56TH TERR.
OCALA FL 32675

Name

CULLISON, H. E.

Street Address (P.O. Box Number is Not Acceptable)

12100 NW 110th AVE

City

Reddick

FL

Zip Code

32686

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, 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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE DP ☐ Delete
NAME CULLISON, H. E., III
STREET ADDRESS 12100 NW 110TH AVE
CITY-ST-ZIP REDDICK FL

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

TITLE DP ☐ Delete
NAME CULLISON, TAMARA K
STREET ADDRESS 12100 NW 110TH AVE
CITY-ST-ZIP REDDICK FL

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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 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:

Tamara K. Cullison

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/7/00

Date

352-591-4088

Daytime Phone #

CR2E034 (9/99)