

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S37236

1. Entity Name

INTERNATIONAL EQUIPMENT GROUP, INC.

FILED
Mar 29, 2001 8:00 am
Secretary of State

03-29-2001 91015 041 ***150.00

0073758

Principal Place of Business Mailing Address
4662 WOODLANDS VILLAGE DRIVE 4662 WOODLANDS VILLAGE DRIVE
ORLANDO FL 32835 ORLANDO FL 32835

C0039186



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 59-3061022

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

COLLINS, CHRIS
4662 WOODLANDS VILLAGE DR.
ORLANDO FL 32835

Name BARRY COLLINS
Street Address (P.O. Box Number is Not Acceptable)
4662 WOODLANDS VILLAGE DR
City ORLANDO FL Zip Code 32835

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 BARRY COLLINS

(NOTE: Registered Agent Signature required when substituting)

DATE

13-26-01

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, 2001 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 P
NAME COLLINS, CHRIS
STREET ADDRESS 4662 WOODLANDS VILLAGE
CITY-ST-ZIP ORLANDO FL 32835 ☒ Delete

TITLE President
NAME Barry Collins
STREET ADDRESS 4662 Woodlands Village
CITY-ST-ZIP Orlando FL 32835 ☒ Change ☐ Addition

TITLE V
NAME COLLINS, CHERI
STREET ADDRESS 4662 WOODLANDS VILLAGE DRIVE
CITY-ST-ZIP ORLANDO FL 32835 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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 another like empowered.

SIGNATURE

BARRY COLLINS, PRES

13-26-01

SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)