

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 30, 2004 8:00 am
Secretary of State

04-30-2004 90259 017 ***150.00

DOCUMENT # S65276

1. Entity Name

SABATINO GRADALL RENTAL, INC.



Principal Place of Business

12924 MEADOWBREEZE DRIVE
WELLINGTON FL 33414

Mailing Address

12924 MEADOWBREEZE DRIVE
WELLINGTON FL 33414

2. Principal Place of Business

19123 Green Grove Ct.

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Loxahatchee

City & State

Loxahatchee

Zip

33470

Country

USA

Zip

Country

4. FEI Number

59-3085902

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SABATINO, MATTHEW N
12924 MEADOWBREEZE DRIVE
WEST PALM BEACH FL 33414

7. Name and Address of New Registered Agent

Name Matthew N. Sabatino

Street Address (P.O. Box Number is Not Acceptable)
19123 Green Grove Ct.

City Loxahatchee

FL

Zip Code 33470

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

Matthew N. Sabatino

Matthew N. Sabatino, Pres.

4/26/04

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, 2004 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

TITLE D
NAME SABATINO, MATTHEW N.
STREET ADDRESS 12924 MEADOWBREEZE DR
CITY-ST-ZIP 19123 Green Grove Ct. Loxahatchee, FL 33470

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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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

Matthew N. Sabatino President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/04 (561) 793-9658
Date Daytime Phone #