

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 25, 2001 8:00 am**  
**Secretary of State**

04-25-2001 90193 001 \*\*\*300.00

**38651**

DO NOT WRITE IN THIS SPACE

<b>DOCUMENT #</b> <span style="font-size: 1.5em;">ST11481</span>																			
<b>1. Entity Name</b> ISLAND EQUIPMENT TRADING COMPANY																			
<b>Principal Place of Business</b> 522 PINELLAS BAYWAY # 204 TIERRA VERDE, FL 33715		<b>Mailing Address</b> SAME																	
<b>2. Principal Place of Business</b> 522 PINELLAS BAYWAY Suite, Apt. #, etc. 204		<b>3. Mailing Address</b> SAME Suite, Apt. #, etc.																	
<b>City &amp; State</b> TIERRA VERDE, FL		<b>City &amp; State</b>																	
<b>Zip</b> 33715	<b>Country</b> PINELLAS	<b>Zip</b>	<b>Country</b>																
<b>4. FEI Number</b> 59-3086188																			
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>																			
<b>6. Name and Address of Current Registered Agent</b> ANGELA D EPPERSON 522 PINELLAS BAYWAY # 204 TIERRA VERDE, FL 33715		<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;">FL</span> Zip Code																	
<b>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.</b> SIGNATURE <u>Angela D Epperson</u> <u>ANGELA D EPPERSON, PRESIDENT</u> <u>4/16/01</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>																			
<b>9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.</b> <input type="checkbox"/>		<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2001 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>																	
<b>10. Election Campaign Financing</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees.</b>		<b>11. OFFICERS AND DIRECTORS</b>																	
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CR2E034 (11/00)

**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:** Angela D Epperson ANGELA D. EPPERSON, PRESIDENT 4/16/02 (727) 864-0103  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #