

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 01, 2002 8:00 am
Secretary of State

05-01-2002 91610 013 ***150.00

DOCUMENT # 571481

1. Entity Name

ISLAND EQUIPMENT TRADING COMPANY

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

522 PINELLAS BAYWAY

Suite, Apt. #, etc.

204

3. Mailing Address

522 PINELLAS BAYWAY

Suite, Apt. #, etc.

204

DO NOT WRITE IN THIS SPACE

City & State
TIERRA VERDE, FL

City & State
TIERRA VERDE, FL

4. FEI Number

59-3086188

Applied For

Not Applicable

Zip 33715 **Country** PINELLAS

Zip 33715 **Country** PINELLAS

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

ANGELA D. EPPERSON

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

522 PINELLAS BAYWAY # 204

City

TIERRA VERDE

FL

Zip Code

33715

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) ☐

**January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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

TITLE PRESIDENT
NAME ANGELA D. EPPERSON
STREET ADDRESS 522 PINELLAS BAYWAY # 204
CITY-ST-ZIP TIERRA VERDE, FL 33715

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VICE PRESIDENT
NAME W. FITZ LEE
STREET ADDRESS 522 PINELLAS BAYWAY # 204
CITY-ST-ZIP TIERRA VERDE, FL 33715

TITLE
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IN THIS SPACE**

CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

ANGELA D. EPPERSON

4/18/02

727-864-0103

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #