

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S98524

1. Entity Name

ALL BRAND EQUIPMENT, INC.

FILED
May 16, 2001 8:00 am
Secretary of State

05-16-2001 90218 029 ***158.75

Principal Place of Business

Mailing Address

757 N. HWY. 17-92
SUITE 102
LONGWOOD FL 32750
US

757 N. HWY. 17-92
SUITE 102
LONGWOOD FL 32750
US

766022



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

820 E State Rd 434

820 E State Road 434

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Ste 140

Ste 140

City & State

City & State

Longwood, FL

Longwood, FL

Zip

Country

Zip

Country

32750

SEMINOLE

32750

SEMINOLE

4. FEI Number 59-3095278

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

WILLIAMS ISAAC
757 N. HWY 17-92
SUITE 102
LONGWOOD FL 32750

Name

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

City

FL

Zip Code

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, 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 PD
NAME WILLIAMS, ISAAC
STREET ADDRESS 757 N HWY 17-92, SUITE 102
CITY-ST-ZIP LONGWOOD FL ☐ Delete

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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TITLE ☐ Change ☐ Addition
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

ISAAC WILLIAMS

4-26-01 407-689-5585

CR2E034 (10/00)