

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V37711

1. Entity Name
J. & M. EQUIPMENT, INC.

FILED
Apr 28, 2001 8:00 am
Secretary of State

04-28-2001 90068 033 ***150.00

00042000



DO NOT WRITE IN THIS SPACE

Principal Place of Business
53 RICHFIELD DR
LAKE PLACID FL 33852

Mailing Address
53 RICHFIELD DR
LAKE PLACID FL 33852

2. Principal Place of Business
131 hate Apthorp Dr
Suite, Apt. #, etc.

3. Mailing Address
Same
Suite, Apt. #, etc.

City & State
Lake Placid, 33852

City & State
Zip FL
Country USA
Zip 33852
Country

4. FEI Number **65-0340814** 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	
HEARD, JIMMY C. 53 RICHFIELD DR LAKE PLACID FL 33852		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City FL Zip Code	

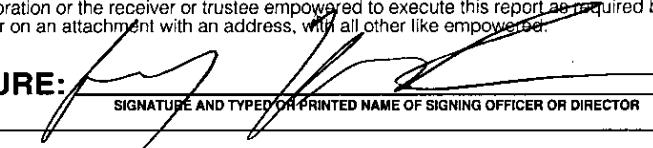
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE 
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) <input type="checkbox"/>	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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	HEARD, JIMMY C. 53 RICHFIELD DR LAKE PLACID FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	HEARD, JIMMY C. 53 RICHFIELD DR LAKE PLACID FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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

4.23.01 863-465-7458

Date

Daytime Phone #

CR2E034 (10/00)