

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 10, 2000 8:00 am**  
**Secretary of State**

05-10-2000 90124 032 \*\*\*150.00

**DOCUMENT # G50626**  
 1. Entity Name  
**TACO EQUIPMENT AND SALES, INC.**

Principal Place of Business: **C/O HARVEY L. STRICKLAND  
 2673 SOUTH BYRON BUTLER PARKWAY  
 PERRY FL 32347**

Mailing Address: **C/O HARVEY L. STRICKLAND  
 2673 SOUTH BYRON BUTLER PARKWAY  
 PERRY FL 32347-6307**

2. Principal Place of Business: Suite, Apt. #, etc.  
 3. Mailing Address: Suite, Apt. #, etc.

City & State: City & State

Zip: Country Zip: Country



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent  
**STRICKLAND, HARVEY L.  
 2673 SOUTH BYRON BUTLER PARKWAY  
 PERRY FL 32347**

4. FEI Number: **59-2312875** Applied For:  Not Applicable:

5. Certificate of Status Desired:  \$8.75 Additional Fee Required

7. Name and Address of New Registered Agent

Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: **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.

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 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	
TITLE: <b>PD</b>	<input type="checkbox"/> Delete
NAME: <b>STRICKLAND, JAMES M.</b>	
STREET ADDRESS: <b>RT. 5, BOX 93</b>	
CITY-ST-ZIP: <b>PERRY FL</b>	
TITLE: <b>VD</b>	<input type="checkbox"/> Delete
NAME: <b>STRICKLAND, HARVEY L, JR</b>	
STREET ADDRESS: <b>RT. 4, BOX 22</b>	
CITY-ST-ZIP: <b>PERRY FL</b>	
TITLE: <b>STD</b>	<input type="checkbox"/> Delete
NAME: <b>STRICKLAND, HARVEY L.</b>	
STREET ADDRESS: <b>RT. 4, BOX 22</b>	
CITY-ST-ZIP: <b>PERRY FL</b>	
TITLE: <b>D</b>	<input type="checkbox"/> Delete
NAME: <b>STRICKLAND, MAVIS J.</b>	
STREET ADDRESS: <b>RT. 4, BOX 22</b>	
CITY-ST-ZIP: <b>PERRY FL</b>	
TITLE: _____	<input type="checkbox"/> Delete
NAME: _____	
STREET ADDRESS: _____	
CITY-ST-ZIP: _____	
TITLE: _____	<input type="checkbox"/> Delete
NAME: _____	
STREET ADDRESS: _____	
CITY-ST-ZIP: _____	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: _____	
STREET ADDRESS: _____	
CITY-ST-ZIP: _____	
TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: _____	
STREET ADDRESS: _____	
CITY-ST-ZIP: _____	
TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: _____	
STREET ADDRESS: _____	
CITY-ST-ZIP: _____	
TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: _____	
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: *Harvey L. Strickland* 4-27-00 850-544-5002  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)