

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2003 8:00 am
Secretary of State

05-02-2003 90385 010 ***150.00

DOCUMENT # H33085

1. Entity Name
H & A EQUIPMENT COMPANY, INC.



Principal Place of Business
2316 1/2 BACOM POINT RD (334760220)
C/O CAROL ARLINE. P O BOX 220
PAHOKEE FL 33476-7220

Mailing Address
2316 1/2 BACOM POINT RD (334760220)
C/O CAROL ARLINE. P O BOX 220
PAHOKEE FL 33476-7220

2. Principal Place of Business
135 Bacom Point Road

3. Mailing Address
P.O. Box 220

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Pahokee, FL

City & State
Pahokee, FL

Zip *33476* **Country** *USA*

Zip *33476* **Country** *USA*

4. FEI Number **59-2472474**

Applied For
Not Applicable

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

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

HATTON, ROGER
2727 BACOM POINT RD
PAHOKEE FL 33476

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

TITLE **PTD** ☐ Delete
NAME **HATTON, ROGER**
STREET ADDRESS **2727 BACOM POINT RD**
CITY-ST-ZIP **PAHOKEE FL**

TITLE **VSD** ☐ Delete
NAME **ALLEN, PAUL**
STREET ADDRESS **33 NE AVE I**
CITY-ST-ZIP **BELLE GLADE FL 33430**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Roger Hatton
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/03
Date

(561) 924-2455
Daytime Phone #

CR2E034 (10/02)