

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 27, 2000 08:00 AM
Secretary of State

DOCUMENT # P99000027320

1. Entity Name
HAGEDORN EQUIPMENT COMPANY, INC.

Principal Place of Business 98 LAKE GROVE DR. CRESCENT CITY FL 32112	Mailing Address P.O. BOX 454 CRESCENT CITY FL 32112
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2. Principal Place of Business 98 LAKE GROVE DR. Suite, Apt. #, etc.	3. Mailing Address P.O. BOX 454 Suite, Apt. #, etc.
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DO NOT WRITE IN THIS SPACE

City & State CRESCENT CITY FL	City & State CRESCENT CITY FL	4. FEI Number 59-3568399	Applied For <input type="checkbox"/> Not Applicable
Zip 32112	Country US	Zip 32112	Country US
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	

HAGEDORN BRANDT E
98 LAKE GROVE DR.
CRESCENT CITY FL 32112 US

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 **BRANDT E HAGEDORN** DATE **04/27/2000**
Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating)

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	SDV HAGEDORN MONIKA E 98 LAKE GROVE DR. CRESCENT CITY FL 32112	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT HAGEDORN BRANDT E 98 LAKE GROVE DR. CRESCENT CITY FL 32112	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: **BRANDT E HAGEDORN** DATE: **04/27/2000**