

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # 230895**

1. Entity Name

DEALERS EQUIPMENT COMPANY**FILED**
Mar 24, 2000 8:00 am
Secretary of State

03-24-2000 90091 048 ***150.00

Principal Place of Business

Mailing Address

**710 FOREST ST.
JACKSONVILLE FL 32204****710 FOREST ST.
JACKSONVILLE FLA 32204-2911**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-0878457**

Applied For

Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required****C0044503**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MADDOX, SHANE C.
337 E. BAY STREET
JACKSONVILLE FL 32202**

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, 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

| 11. OFFICERS AND DIRECTORS | | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|----------------------------|----------------------|---|--|
| TITLE | PD | TITLE | |
| NAME | SCOTT, OLA B | NAME | |
| STREET ADDRESS | 710 FOREST STREET | STREET ADDRESS | |
| CITY-ST-ZIP | JACKSONVILLE FL | CITY-ST-ZIP | |
| TITLE | SD | TITLE | |
| NAME | HARDING, PARTRICIA C | NAME | |
| STREET ADDRESS | 710 FOREST STREET | STREET ADDRESS | |
| CITY-ST-ZIP | JACKSONVILLE FL | CITY-ST-ZIP | |
| TITLE | VD | TITLE | |
| NAME | HOLSCLAW, ROBERT W | NAME | |
| STREET ADDRESS | 710 FOREST STREET | STREET ADDRESS | |
| CITY-ST-ZIP | JACKSONVILLE FL | CITY-ST-ZIP | |
| TITLE | | TITLE | |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |
| TITLE | | TITLE | |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |
| TITLE | | TITLE | |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | 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 an other like empowered.

SIGNATURE:

Robert W. Holsclaw V.P.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

3-20-00

Daytime Phone #

904/358-6143