

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 24, 2003 8:00 am
Secretary of State

01-24-2003 90071 013 ***150.00

DOCUMENT # 230895

1. Entity Name
DEALERS EQUIPMENT COMPANY



Principal Place of Business
476 MAY STREET
JACKSONVILLE FL 32204

Mailing Address
476 MAY STREET
JACKSONVILLE FL 32204

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**

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 **DEBORAH HOLSCLOW**

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

5281 All Oaks Court

City **JACKSONVILLE**

FL

Zip Code **32258**

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 *Deborah Holsclow*

DATE **1/22/2003**

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**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☒ **Delete**
NAME **SCOTT, OLA B**
STREET ADDRESS **710 FOREST STREET**
CITY-ST-ZIP **JACKSONVILLE FL**

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

TITLE **SD** ☐ **Delete**
NAME **HARDING, PATRICIA C**
STREET ADDRESS **710 FOREST STREET**
CITY-ST-ZIP **JACKSONVILLE FL**

TITLE **TD** ☒ **Change** ☐ **Addition**
NAME **HARDING, PATRICIA**
STREET ADDRESS **476 MAY ST**
CITY-ST-ZIP **JACKSONVILLE, FL 32204**

TITLE **VD** ☐ **Delete**
NAME **HOLSCLOW, ROBERT W**
STREET ADDRESS **710 FOREST STREET**
CITY-ST-ZIP **JACKSONVILLE FL**

TITLE **PD** ☒ **Change** ☐ **Addition**
NAME **HOLSCLOW, ROBERT W.**
STREET ADDRESS **476 MAY ST.**
CITY-ST-ZIP **JACKSONVILLE, FL 32204**

TITLE **TD** ☐ **Delete**
NAME **THOMAS, SCOTT**
STREET ADDRESS **710 FOREST STREET**
CITY-ST-ZIP **JACKSONVILLE FL**

TITLE **VD** ☒ **Change** ☐ **Addition**
NAME **SCOTT, THOMAS**
STREET ADDRESS **476 MAY ST.**
CITY-ST-ZIP **JACKSONVILLE, FL 32204**

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **SD** ☐ **Change** ☒ **Addition**
NAME **HOLSCLOW, DEBORAH**
STREET ADDRESS **476 MAY ST.**
CITY-ST-ZIP **JACKSONVILLE, FL 32204**

TITLE ☐ **Delete**
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: *Robert W. Holsclow*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-22-2003

904/358-0103

Date

Daytime Phone #

CR2E034 (10/02)