2000 UNIFORM BUSINESS REPORT (UBR)

FILED Mar 13, 2000 8:00 am Secretary of State **DOCUMENT # 553416** 1. Entity Name ENGLISH EQUIPMENT REPAIR SERVICE, INC. 03-13-2000 90040 006 ***150.00 Mailing Address Principal Place of Business PO DRAWER 6839 PO DRAWER 6839 LAKELAND FL 33807-6839 LAKELAND FL 33807 ~ ~ LUU11 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-1808210 Not Applicable Zip Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name ANDERSON, JON H Street Address (P.O. Box Number is Not Acceptable) 4927 SOUTHFORK DRIVE LAKELAND FL 33803 City 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Added to Fees Trust Fund Contribution (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. OFFICERS AND DIRECTORS 11. PESENSA (0/00) Change Addition TITLE ☐ Delete TITLE ENGLISH, ELIZABETH G. NAME NAME STREET ADDRESS STREET ADDRESS 925 FENTON LANE #6 CITY-ST-ZIP CITY-ST-ZIP LAKELAND FL Change | ☐ Addition ☐ Defete TITLE ENGLISH, DOUGLAS NAME NAME STREET ADDRESS STREET ADDRESS 7105 O'DANIEL LOOP W CITY-ST-ZIP CITY-ST-ZIP LAKELAND FL Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP Addition Change Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP Change Addition □ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP

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.

Elizabeth G. English

SIGNATURE:

3/04/00

863 853-2878

Daytime Phone #