

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 597424

1. Entity Name

FLORIDA BUSINESS EQUIPMENT, INC.

FILED
May 07, 2000 8:00 am
Secretary of State

05-07-2000 90004 008 ***150.00

Principal Place of Business

130 E EVERGREEN AVE
 SUITE 116
 LONGWOOD FL 32750
 US

Mailing Address

130 E EVERGREEN AVE
 SUITE 116
 LONGWOOD FL 32750-5269
 US

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

59-1865713

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

FAULKNER, DONALD M.
 125 SHADOW TRAIL
 LONGWOOD FL 32750

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

TITLE	VP	<input type="checkbox"/> Delete
NAME	FAULKNER, DONALD M.	
STREET ADDRESS	125 SHADOW TRAIL	
CITY-ST-ZIP	LONGWOOD FL	
TITLE	VP	<input type="checkbox"/> Delete
NAME	FAULKNER, ANDREW	
STREET ADDRESS	125 SHADOW TRAIL	
CITY-ST-ZIP	SANFORD FL	
TITLE	P	<input type="checkbox"/> Delete
NAME	FAULKNER, JEANETTE M.	
STREET ADDRESS	125 SHADOW TRAIL	
CITY-ST-ZIP	LONGWOOD FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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 all other like empowered.

SIGNATURE: *Donald M. Faulkner*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/06/00
 DONALD M. FAULKNER 407-339-6604

Date

Daytime Phone #

CR2E034 (9/99)