

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Apr 16, 2001 08:00 AM**  
**Secretary of State****DOCUMENT # F90546**1. Entity Name  
**LIFT EQUIPMENT SERVICES, INC.****Principal Place of Business**369 BLANDING BLVD  
P. O. BOX 1852  
ORANGE PARK  
32073

FL

**Mailing Address**369 BLANDING BLVD  
P. O. BOX 1852  
ORANGE PARK  
32073

FL

**2. Principal Place of Business****3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

**4. FEI Number****59-2213950**

Applied For

Not Applicable

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

DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**GATENBY CHRISTOPHER J  
369 BLANDING BLVD., SUITE 912ORANGE PARK  
32073

US

FL

**7. Name and Address of New Registered Agent**

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)

**04/16/2001**

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, 2001 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 T ☒ Delete  
NAME DOBSON ANDREW  
STREET ADDRESS 4604 APPLETON AVENUE  
CITY-ST-ZIP JACKSONVILLE FLTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE VS ☐ Delete  
NAME CHRISTOFFERSON, MIKE  
STREET ADDRESS 2666B SAN FRANCISCO BLVD  
CITY-ST-ZIP ORANGE PARK FLTITLE VS ☒ Change ☐ Addition  
NAME GATENBY MYRNA A  
STREET ADDRESS 369 BLANDING BLVD SUITE 912  
CITY-ST-ZIP ORANGE PARK FL 32073TITLE PT ☐ Delete  
NAME CHRISTOFFERSON, MARGARET  
STREET ADDRESS 2666B SAN FRANCISCO BLVD  
CITY-ST-ZIP ORANGE PARK FL 32065TITLE PT ☒ Change ☐ Addition  
NAME GATENBY CHRISTOPHER J  
STREET ADDRESS 369 BLANDING BLVD SUITE 912  
CITY-ST-ZIP ORANGE PARK FL 32073TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
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CITY-ST-ZIPTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ 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:** Christopher Gatenby

P

04/16/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)