

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H33590

1. Entity Name

EQUIPMENT SPECIALISTS, INC.

**FILED**  
**May 29, 2001 8:00 am**  
**Secretary of State**

05-29-2001 90010 009 \*\*\*558.75

Principal Place of Business

310 US HWY 17 92W  
 SUITE 125  
 HAINES CITY FL 33884  
 US

Mailing Address

P O BOX 929  
 SUITE 125  
 HAINES CITY FL 33884  
 US

2. Principal Place of Business

310 US Hwy 17-92 W.

Suite, Apt. #, etc.

Suite 125

City & State

Haines City, FL

Zip

33844

Country

US

3. Mailing Address

P.O. Box 929

Suite, Apt. #, etc.

Suite 125

City & State

Haines City, FL

Zip

33845-0929

Country

US



DO NOT WRITE IN THIS SPACE

977542

4. FEI Number

59-2480355

Applied For

Not Applicable

5. Certificate of Status Desired

XX

\$8.75 Additional  
 Fee Required

6. Name and Address of Current Registered Agent

GORDON, MICHAEL  
 310 US HWY 17-92 W  
 HAINES CITY FL 33844

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.

(NOT: 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, 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

TITLE P ☐ Delete  
 NAME GORDON, BEVERLY G  
 STREET ADDRESS 9114 GREAT HERON CIRCLE  
 CITY-ST-ZIP ORLANDO FL

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE CEO/T ☒ Change ☐ Addition  
 NAME GORDON, BEVERLY G  
 STREET ADDRESS 9114 GREAT HERON CIRCLE  
 CITY-ST-ZIP ORLANDO, FL 32836-5485

TITLE P ☐ Change ☒ Addition  
 NAME GORDON, MICHAEL H.  
 STREET ADDRESS 9114 GREAT HERON CIRCLE  
 CITY-ST-ZIP ORLANDO, FL 32836-5485

TITLE V/S ☐ Change ☒ Addition  
 NAME GORDON, JEREMY A.  
 STREET ADDRESS 7530 BAY PORT RD  
 CITY-ST-ZIP ORLANDO, FL 32819-5501

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

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

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

13. I hereby certify that the information supplied with this filing does not qualify for  
 indicated on this report or supplemental report is true and accurate and that n  
 of the corporation or the receiver or trustee empowered to execute this report  
 changed, or on an attachment with an address, with all other like empowered.

he exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information  
 / signature shall have the same legal effect as if made under oath; that I am an officer or director  
 s required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jeremy A. Gordon

05/23/01

Date

(863)421-4567

Daytime Phone #

CR2E034 (10/00)