

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 03, 2003 8:00 am
Secretary of State

04-03-2003 90155 032 ***158.75

0507897 AV

DOCUMENT # H33590

1. Entity Name
EQUIPMENT SPECIALISTS, INC.



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 West
Suite, Apt. #, etc.
Suite 125

3. Mailing Address

P.O. Box 929
Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State

Haines City, FL

City & State

Haines City, FL

4. FEI Number **59-2480355**

Applied For
Not Applicable

Zip **33844** Country **US**

Zip **33845** Country **US**

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

6. Name and Address of Current Registered Agent

GORDON, MICHAEL
310 US HWY 17-92 W
HAINES CITY FL 33884

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. I am familiar with, and accept the obligations of registered agent.

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
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEOT GORDON, BEVERLY G 9114 GREAT HERON CIRCLE ORLANDO FL 32836-5485	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GORDON, MICHAEL H 9114 GREAT HERON CIRCLE ORLANDO FL 32836-5485	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS GORDON, JEREMY A 7530 BAY PORT ROAD ORLANDO FL 32819-5501	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PRESIDENT

4/1/03

863 4214567

Daytime Phone #

CR2E034 (10/02)