

**2002 UNIFORM BUSINESS REPORT (UBR)****FILED**  
**Mar 20, 2002 8:00 am**  
**Secretary of State**

03-20-2002 90007 045 \*\*\*\*\*55.00

**DOCUMENT # L01000016821**

1. Entity Name

**FLORIDA EQUIPMENT SPECIALISTS, LLC**

Principal Place of Business

Mailing Address

**1605 MAIN ST., STE. 912  
SARASOTA FL 34236****1605 MAIN ST., STE. 912  
SARASOTA FL 34236**

2. Principal Place of Business

3. Mailing Address

**2727 West Main Street  
Suite, Apt. #, etc.****P.O. Box 4909667  
Suite, Apt. #, etc.**

City &amp; State

City &amp; State

**Leesburg, Fl. 34748****Leesburg, Fl. 34749-0667 65-1147642**

4. FEI Number

Applied For

Not Applicable

Zip

Country

Zip

Country

**34748****Lake****34749-0667****Lake**5. Certificate of Status Desired **XX****\$5.00 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SCOVILL, H. WILLIAM  
1605 MAIN ST., STE. 912  
SARASOTA FL 34236**

Name

**Judy Bjorn**

Street Address (P.O. Box Number is Not Acceptable)

**2727 West Main Street**

City

**Leesburg****FL**

Zip Code

**34748**

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)

**March 6, 2002**

DATE

**FILE NOW!!! FEE IS \$50.00****Make Check Payable to Department of State  
Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
		<b>Managing Member Judy Bjorn 2727 West Main Street Leesburg, Fl. 34748</b>	
			<input type="checkbox"/> Change <input type="checkbox"/> Addition
			<input type="checkbox"/> Change <input type="checkbox"/> Addition
			<input type="checkbox"/> Change <input type="checkbox"/> Addition
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

**3/6/02 352-787-7607**

Date

Daytime Phone #

CR2E083 (9/01)