

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

000452
AF

00 MAY 12 AM 11:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

DOCUMENT # L99000003237

1. Entity Name
GLOBAL EQUIPMENT SOURCING & SALES, LLC

Principal Place of Business
**1506 N GREENLEAF CT
WINTER SPRINGS FL 32708**

Mailing Address
**1506 N GREENLEAF CT
WINTER SPRINGS FL 32708-5930**

2. Principal Place of Business
**253 Plaza Drive
Suite B
Orlando FL
32765 USA**

3. Mailing Address
**253 Plaza Drive
Suite B
Orlando FL
32765 USA**

4. FEI Number
59-3590836

Applied For
 Not Applicable

5. Certificate of Status Desired **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent
**WALSH, DAVID
1506 N. GREENLEAF CT
WINTER SPRINGS FL 32708**

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 *David M. Walsh* DATE **4/30/00**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS / MEMBERS

TITLE **MGR** Delete
NAME **WALSH, DAVID**
STREET ADDRESS **1506 N. GREENLEAF CT**
CITY-ST-ZIP **WINTER SPRINGS FL 32708** *(See address change above)*

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS / CHANGES

Change Addition

300003279453--6
-06/07/00--0101 Page 017 Addition
*******50.00 *****50.00**

Change Addition

Change Addition

Change Addition

11. 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 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: *David M. Walsh* SIGNATURE REQUIRED *David M. Walsh* DATE **4/30/00** Daytime Phone # **407-911-7026**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

CR2E083 (9/99)