

# 2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED  
AND  
FILED

1000452  
AF

DOCUMENT # L99000003237

1. Entity Name  
GLOBAL EQUIPMENT SOURCING & SALES, LLC

00 MAY 12 AM 11:05

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

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



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
253 Plaza Drive  
Suite, Apt. #, etc. Suite B  
City & State Orlando FL  
Zip 32765 Country USA

3. Mailing Address  
253 Plaza Drive  
Suite, Apt. #, etc. Suite B  
City & State Orlando FL  
Zip 32765 Country 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

7. Name and Address of New Registered Agent

WALSH, DAVID  
1506 N. GREENLEAF CT  
WINTER SPRINGS FL 32708

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)

DATE

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

9. MANAGING MEMBERS / MEMBERS

TITLE	MGR	<input type="checkbox"/> Delete
NAME	WALSH, DAVID	(See address change above)
STREET ADDRESS	1506 N GREENLEAF CT	
CITY-ST-ZIP	WINTER SPRINGS FL 32708	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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10.

TITLE	
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	

ADDITIONS / CHANGES

☐ Change ☐ Addition

☐ Change ☐ Addition

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-06/07/00-0101 Change-014 Addition  
\*\*\*\*\*50.00 \*\*\*\*\*50.00

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:

SIGNATURE REQUIRED

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

Date

Daytime Phone #

4/30/00 407.911.7026

CR2E083 (9/99)