## 2001 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address, with all other like empowered

SIGNATURE:

## **FILED** Jan 19, 2001 8:00 am **DOCUMENT # M03035 Secretary of State** 1. Entity Name MULTIPLE EQUIPMENT SALES AND SERVICE, INC. 01-19-2001 90093 028 \*\*\*158.75 Mailing Address Principal Place of Business 475 SMITH STREET 475 SMITH STREET **BROOKSVILLE FL 34601 BROOKSVILLE FL 34601** 900222 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-2427234 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name HUFFMAN, LARRY A. ber is Not Acceptable) 106 FLORIDA AVENUE 101611 **BROOKSVILLE FL** Zip Code FL oth, in the State of Florida. 8. The above named entity submits this statement for SIGNATURE Signature, typed or printed name of registered agent an 9. This corporation is eligible to satisfy its Intangible ection Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. ist Fund Contribution. Added to Fees (See criteria on back) CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DI 11. CR2E034 (10/00) ☐ Change ☐ Addition PTD TITLE HUFFMAN, LARRY A. STREET ADDRESS 8366 WINDRIDGE WAY CITY-ST-ZIP **BROOKSVILLE FL** ☐ Change ☐ Addition TITLE VSD HUFFMAN, PHYLLIS NAME STREET ADDRESS STREET ADDRESS 8366 WINDRIDGE WAY CITY-ST ZIP CITY-ST-ZIP **BROOKSVILLE FL** Addition Change TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 13. 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 11 or Block 12 if