

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000085672

1. Entry Name

INDUSTRIAL EQUIPMENT SERVICES CORP.

FILED
Apr 27, 2001 8:00 am
Secretary of State

04-27-2001 90336 011 ***150.00

Principal Place of Business

6690-1 COLUMBIA PARK DRIVE
JACKSONVILLE FL 32258

Mailing Address

6690-1 COLUMBIA PARK DRIVE
JACKSONVILLE FL 32258

2. Principal Place of Business

6690-1 Columbia Park Drive S.A.M.C.
Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

JACKSONVILLE

City & State

FLA

Zip

32258

Country

USA

Zip

Country

4. FEI Number

59-3671433

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MILLER, LAMAR
6690-1 COLUMBIA PARK DRIVE
JACKSONVILLE FL 32258

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE P
NAME MILLER, LAMAR
STREET ADDRESS 6690-1 COLUMBIA PARK DRIVE
CITY-ST-ZIP JACKSONVILLE FL 32258

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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CITY-ST-ZIP

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CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE V.P. Field Services
NAME TOM MARI
STREET ADDRESS SAME
CITY-ST-ZIP

TITLE V.P. Shop Services
NAME Todd Moline
STREET ADDRESS SAME
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

SIGNATURE:

Lamar Miller

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-20-01

Date

880-1107

Daytime Phone #

CR2E034 (10/00)