

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 17, 2002 8:00 am
Secretary of State

07-17-2002 90134 001 ***558.75

DOCUMENT # P01000091700

1. Entity Name

BUSINESS EQUIPMENT & SERVICES, INC.

Principal Place of Business

**3971 MARSH HEN AVE
 FERNANDINA BCH FL 32034**

Mailing Address

**3971 MARSH HEN AVE
 FERNANDINA BCH FL 32034**

B0129889



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

1151 Crown Dr.

PO Box 37052

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Jacksonville, FL

Jacksonville, FL

City & State

City & State

4. FEI Number

59-3737451

Applied For

Not Applicable

Zip

32221

Country

US

Zip

32236-7052

Country

US

5. Certificate of Status Desired

☒

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MILLS, J.W.

**3971 MARSH HEN AVE
 FERNANDINA BCH FL 32034**

Name

Michael Highfill

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

1151 Crown Drive

City

Jacksonville

FL

Zip Code

32221

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Michael Highfill President

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

(NOTE: Registered Agent signature required when reinstating)

7/11/02

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 \$550.00
 After September 13, 2002 Fee will be \$750.00
 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Change ☒ Addition
**President
 Michael W. Highfill
 1151 Crown
 Jacksonville, FL 32221**

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Change ☒ Addition
**Vice President
 George M. Bevis
~~PO Box 149673~~ PO Box 149673
 Orlando, FL 32814**

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Change ☒ Addition
**Secretary
 Cheryl Werley
 555 Werley Trail
 Orange City, FL 32763**

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Change ☒ Addition
**Treasurer
 Lori G. Highfill
 1151 Crown Dr.
 Jacksonville, FL 32221**

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Change ☐ Addition

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:

Michael W. Highfill President
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/11/02
 Date

904-781-2029
 Daytime Phone #

CR2E034 (4/02)