

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED

DOCUMENT # P01000091700

1. Entity Name

Business Equipment & Services Inc.

02 OCT 11 PM 12:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

200008387122
10/16/02--01001--024 **70.00

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
1151 Crown Drive

Suite, Apt. #, etc.

3. Mailing Address
PO Box 37052

Suite, Apt. #, etc.

City & State
Jacksonville, FL

City & State
Jacksonville, FL

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name
Michael Highfill

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

1151 Crown Drive

City
Jacksonville

FL Zip Code
32221

**DO NOT WRITE
IN THIS SPACE**

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) ☐

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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
NAME
STREET ADDRESS
CITY- ST- ZIP
President and Secretary
Michael W. Highfill
1151 Crown Drive, Jacksonville, FL 32221

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
VP
George M Bevis
PO Box 149673, Orlando FL 32814

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
Treasurer
Lori G. Highfill
1151 Crown Drive, Jacksonville, FL 32221

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

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CITY- ST- ZIP

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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 on an attachment with an address, with all other like empowerers.

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

10/1/02
Date

904-781-2029
Daytime Phone #

CR2E034B (12/01)

js 10/1/02