

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 27, 2002 8:00 am**  
**Secretary of State**

05-27-2002 90308 012 \*\*\*150.00

**DOCUMENT # P94000065674**

1. Entity Name  
**AMERICAN BUSINESS EQUIPMENT INC.**

Principal Place of Business <b>1700 LATHAM ROAD. #2</b> <b>WEST PALM BEACH FL 33409</b> <b>US</b>	Mailing Address <b>1700 LATHAM ROAD. #2</b> <b>WEST PALM BEACH FL 33409</b> <b>US</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0519474**

Applied For  
 Not Applicable

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

**LOCKLAIR, IVA**  
**1700 LATHAM ROAD, #2**  
**WEST PALM BEACH FL 33411**

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.

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2002 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
DP LOCKLAIR, IVA 127 CORDOBA CIRCLE ROYAL PALM BEACH FL 33411	<input type="checkbox"/>		
DST LOCKLAIR, JAMES B 127 CORDOBA CIRCLE ROYAL PALM BEACH FL 33411	<input type="checkbox"/>		
DV RICHARDS, LORIANNE 127 CORDOBA CIRCLE ROYAL PALM BEACH FL 33411	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		

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: *Iva Locklair* **IVA LOCKLAIR - PRES** **4/25/02** **(609) 697-3099**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)