

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 05, 2002 8:00 am
Secretary of State

02-05-2002 90110 025 ***150.00

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DOCUMENT # P94000077770

T: Entity Name

INLAND EQUIPMENT SERVICE, INC.

Principal Place of Business

1654 EAST 5TH ST.
 PANAMA CITY FL 32401

Mailing Address

1654 EAST 5TH ST.
 PANAMA CITY FL 32401

2. Principal Place of Business

1656 E 5th St

Suite, Apt. #, etc.

3. Mailing Address

1656 E 5th St

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
 Panama City

Zip
 32401

Country

City & State
 Panama City, FL

Zip
 32401

Country

4. FEI Number
 59-3273147

Applied For
 Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

~~ALSOBROOK, CINDY~~
 1654 EAST 5TH ST.
 PANAMA CITY FL 32401

7. Name and Address of New Registered Agent

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

FL

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, 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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 DP
 HOBBS, GEORGE M JR.
 1654 EAST 5TH ST.
 PANAMA CITY FL 32401 ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 ST
 ALSOBROOK, CINDY
 1654 E 5TH STREET
 PANAMA CITY FL 32401 ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Delete

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 CITY-ST-ZIP
☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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 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:

Cindy Alsobrook
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/15/02
 Date

850-872-2129
 Daytime Phone #

CR2E034 (9/01)