

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000077770

1. Entity Name
INLAND EQUIPMENT SERVICE, INC.



Principal Place of Business...
1656 E 5TH ST
PANAMA CITY, FL 32401

Mailing Address
1654 EAST 5TH ST.
PANAMA CITY, FL 32401

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3273147

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HOBBS, GEORGE M. JR.
1654 EAST 5TH ST.
PANAMA CITY, FL 32401

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

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW! FEE IS \$350.00
After May 1, 2003 Fee will be \$550.00
Amended UBR is \$61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing... \$5.00 May Be
Trust Fund Contribution... Added to Fees

10. OFFICERS AND DIRECTORS

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

☐ Delete

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

☒ Delete

TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

☐ Delete

TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

☐ Delete

TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

☐ Delete

TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

☐ Change ☐ Addition

600023097836
09/16/03--01023--002 **61.25

☐ Change ☐ Addition

TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

☐ Change ☐ Addition

TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

☐ Change ☐ Addition

TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

☐ Change ☐ Addition

TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

☐ Change ☐ Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PRESIDENT

9-9-03

850-527-1167

Date

Daytime Phone #

CR2E034 (10/02)

9/16