## 2000 UNIFORM BUSINESS REPORT (UBR) **FILED** May 04, 2000 8:00 am Secretary of State DOCUMENT # P94000083705 5812-1 **FOUIPMENT MANAGEMENT SERVICE, INC.** 05-04-2000 90101 036 \*\*\*150.00 Principal Place of Business Mailing Address % DAVID S. BAND % DAVID S. BAND 240 S. PINEAPPLE AVE., 10TH FLOOR P.O. BOX 49948 SARASOTA FL 34230-6948 SARASOTA FL 34236 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 65-0540494 Not Applicable Country Zip Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name BAND, DAVID S Street Address (P.O. Box Number is Not Acceptable) 240 S. PINEAPPLE AVE. 10TH FLOOR SARASOTA FL 34236 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) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. VT ☐ Addition TITLE ☐ Change TITLE ☐ Delete BAND, DAVID S. NAME NAME 240 S. PINEAPPLE AVE., 10TH FL STREET ADDRESS STREET ADDRESS CITY-ST-ZIP SARASOTA FL CITY-ST-ZIP ☐ Change ☐ Addition TITLE TITLE ☐ Detete GITHLER, CHARLES E. III NAME NAME 1543 2ND STREET STREET ADDRESS STREET ADDRESS CITY-ST-ZIP SARASOTA FL CITY-ST-7IP ☐ Change ☐ Addition TITLE ☐ Delete TITLE MATZKIN, STEVEN R. NAME NAME 1343 MAIN STREET, 7TH FLOOR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP SARASOTA FL CITY-ST-ZIP ☐ Addition ☐ Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Change Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE Change TITLE Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

I hereby certify that the information supplied with this filling 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.

David S. Band

SIGNING OFFICER OR DIRECTOR

Director

David S. Band

4/19/00

366-6660

Daytime Phone #