

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 14, 2003 8:00 am
Secretary of State

04-14-2003 90759 020 ***150.00

09057222 EP

DOCUMENT # **P96000078011**



1. Entity Name
CONTRACTORS EQUIPMENT SERVICES & CONSULTING, INC

Principal Place of Business
~~10629 ANDERSON LN~~
LAKE WORTH FL 33467

Mailing Address
20423 SR 7
~~OFF 352 FF~~
BOCA RATON FL 33498
US

2. Principal Place of Business
13349 60th St South
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State
Wellington FL

City & State

Zip
33467 Country **Palm Beach**

Zip Country

4. FEI Number **31-1634336** 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
ROBINSON, ROBERT
~~10629 ANDERSON LN~~
LAKE WORTH FL 33467

7. Name and Address of New Registered Agent
Name **Robert Robinson**
Street Address (P.O. Box Number is Not Acceptable)
13349 60th St South
City **Wellington** FL Zip Code **33467**

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 **Pamela Robinson V.P.** DATE **3-10-03**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <input type="checkbox"/> Delete ROBINSON, ROBERT 10629 ANDERSON LN LAKE WORTH FL 33467
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V.P. <input type="checkbox"/> Delete Pamela Robinson 13349 60th St South Wellington FL 33467
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 13349 60th St South Wellington, FL 33467
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: **Robert Robinson President** DATE **3/10/03** DAYTIME PHONE # **561-644-4550**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/02)

Attachment



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State

March 31, 2003

CONTRACTORS EQUIPMENT SERVICES & CONSULTING, INC.
20423 SR 7
352
BOCA RATON, FL 33498 US

SUBJECT: ~~CONTRACTORS EQUIPMENT SERVICES & CONSULTING, INC.~~
Ref. Number: P96000078011

We have received your document for CONTRACTORS EQUIPMENT SERVICES & CONSULTING, INC. and check(s) totaling \$150.00. However, your check(s) and document are being returned for the following:

Our records indicate the current name of the entity is as it appears on the enclosed computer printout. Please correct the name throughout the document.

Company Name to remain the same
TO AVOID THE ADMINISTRATIVE DISSOLUTION/REVOCATION, PLEASE RETURN THE CORRECTED REPORT TO THIS OFFICE WITHIN 30 DAYS OF THE DATE OF THIS LETTER.

If you have any questions concerning the filing of your document, please call (850) 245-6059.

Justin M Shivers
Document Specialist

Letter Number: 803A00019174