

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000101581

1. Entity Name

BUSINESS EQUIPMENT SOLUTIONS CORP.

FILED

May 15, 2000 8:00 am
Secretary of State

05-15-2000 90250 045 ***158.75

Principal Place of Business

945 W. MICHIGAN AVE.
#9
PENSACOLA FL 32505
US

Mailing Address

945 W. MICHIGAN AVE.
#9
PENSACOLA FL 32505
US

2. Principal Place of Business

3120 North Davis Hwy
Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 4610
Suite, Apt. #, etc.

City & State

Pensacola, FL

City & State

Pensacola, FL

4. FEI Number

59-3418889

Applied For

Not Applicable

Zip

32503

Country

USA

Zip

32507

Country

5. Certificate of Status Desired

☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WARD, STEPHEN E
6900 NORTH 9TH AVENUE A
PENSACOLA FL 32504

7. Name and Address of New Registered Agent

Name Ward, Stephen E.
Street Address (P.O. Box Number is Not Acceptable)

3120 North Davis Hwy
City Pensacola FL Zip Code 32503

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 Stephen E. Ward Stephen E. Ward President 4-27-00
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, 2000 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 P
NAME WARD, STEPHEN E
STREET ADDRESS P.O. BOX 4610
CITY-ST-ZIP PENSACOLA FL 32507 ☐ Delete

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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: Stephen E. Ward Stephen E. Ward 4-27-00 (850) 477-8188
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #