

# 2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P96000101581

FILED  
Apr 30, 2003  
Secretary of State

**Entity Name:** BUSINESS EQUIPMENT SOLUTIONS CORP.

**Current Principal Place of Business:**

3120 NORTH DAVIS HWY  
PENSACOLA, FL 32503 US

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 9435  
PENSACOLA, FL 32513 US

**New Mailing Address:**

**FEI Number:** 59-3418889

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

WARD, STEPHEN E  
3120 NORTH DAVIS HWY  
PENSACOLA, FL 32503 US

**Name and Address of New Registered Agent:**

WARD, STEPHEN E  
3120 NORTH DAVIS HWY  
PENSACOLA, FL 32503 US

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

04/30/2003

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( )**

**OFFICERS AND DIRECTORS:**

**Title:** P ( ) Delete  
**Name:** WARD, STEPHEN E  
**Address:** PO BOX 9435  
**City-St-Zip:** PENSACOLA, FL 32503

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

**Title:** ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:**

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** STEPHEN E WARD

P

04/30/2003

Electronic Signature of Signing Officer or Director

Date