

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 22, 2002 8:00 am
Secretary of State

05-22-2002 90155 039 \*\*\*150.00

DOCUMENT # P98000042131

1. Entity Name
GLOBAL EQUIPMENT SERVICES, INC.

Principal Place of Business
4839 SW 148TH AVE
SUITE 508
DAVIE FL 33165

Mailing Address
4839 SW 148TH AVE
SUITE 508
DAVIE FL 33165



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 65-0842944

Applied For
Not Applicable

Zip Country

Zip Country

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MALLOY, JILL
SW 148TH AVE
SUITE 508
DAVIE FL 33165

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.

SIGNATURE
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, 2002 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

Table with 6 rows for Officers and Directors. Each row includes Title, Name, Street Address, City-ST-ZIP, and a Delete checkbox. The first row is filled with: DPS, MALLOY, JILL, 4839 SW 148TH AVE #508, DAVIE FL 33330.

Table with 6 rows for Additions/Changes to Officers and Directors. Each row includes Title, Name, Street Address, City-ST-ZIP, and Change/Addition checkboxes.

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: JILL A. MALLOY 4/30/02 (954) 680-8274
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)