

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000016525

1. Entity Name

EXTERNAL OFFICE SYSTEMS-I, INC.

Principal Place of Business

Mailing Address

8304 PEGWOOD WAY
TALLAHASSEE, FL 32312

2. Principal Place of Business

1826 NEWMAN LANE

3. Mailing Address

P.O. BOX 7165

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

TALLAHASSEE, FL

City & State

TALLAHASSEE, FL

Zip

32312

Country

US

Zip

32314

Country

US

4. FEI Number

59-3565385

Applied For

Not Applicable

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

GOLDSMITH, HILLARD III
8304 PEGWOOD WAY
TALLAHASSEE, FL 32312

Name

GOLDSMITH, HILLARD III

Street Address (P.O. Box Number is Not Acceptable)

1826 NEWMAN LANE

City

TALLAHASSEE

FL

Zip Code
32312

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

Hillard Smith

HILLARD GOLDSMITH, III

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/28/00

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME DIRECTOR
STREET ADDRESS GOLDSMITH, HILLARD III
CITY-ST-ZIP 8304 PEGWOOD WAY
TALLAHASSEE, FL 32312

TITLE ☒ Change ☐ Addition
NAME DIRECTOR
STREET ADDRESS GOLDSMITH, HILLARD III
CITY-ST-ZIP 1826 NEWMAN LANE
TALLAHASSEE, FL 32312

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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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:

Hillard Smith

HILLARD GOLDSMITH, III

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/00

Date

(250) 309-2530

Daytime Phone #

FILED
May 04, 2000 8:00 am
Secretary of State

05-04-2000 90130 027 ***150.00

B0083053

DO NOT WRITE IN THIS SPACE