

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 06, 2005 8:00 am
Secretary of State

05-06-2005 90103 005 ***150.00

DOCUMENT #P99000016525

1. Entity Name

External Office Systems-1, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

538 E. Park Ave.

3. Mailing Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 103

City & State

City & State

Tallahassee, FL

Zip
32301

Country
Leon

Zip

Country

4. FEI Number

59-3565385

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

50050446

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name Darrell E. Wills

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

City Tallahassee

FL

Zip Code 32301

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 Darrell E. Wills

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

(NOTE: Registered Agent signature required when reinstating)

4/26/05

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25

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 President
NAME Darrell E. Wills
STREET ADDRESS 860 Eagleview Drive
CITY-ST-ZIP Tallahassee, FL 32301

TITLE Vice President
NAME H. Goldsmith III
STREET ADDRESS P. O. Box 7165
CITY-ST-ZIP Tallahassee, FL 32314

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**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Darrell E. Wills

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/05

Date

Daytime Phone #

CR2E034B (12/01)



ATTACHMENT

FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

570020446
#P99000016525

April 27, 2005

EXTERNAL OFFICE SYSTEMS-1, INC.
538 E PARK AVE
STE 103
TALLAHASSEE, FL 32301 US

SUBJECT: EXTERNAL OFFICE SYSTEMS-1, INC.
Ref. Number: P99000016525

We have received your document for EXTERNAL OFFICE SYSTEMS-1, INC. and check(s) totaling \$150.00. However, your check(s) and document are being returned for the following:

The new registered agent must sign accepting the designation.

An officer or director must sign the report.

TO AVOID THE \$400.00 LATE FEE, PLEASE RETURN THE CORRECTED REPORT TO: DIVISION OF CORPORATIONS, P.O. BOX 1500, TALLAHASSEE, FLORIDA 32302-1500 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.

Tina Roberts
Document Specialist

Letter Number: 105A00029059