

# 2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# S78593

FILED  
Jul 31, 2003  
Secretary of State

**Entity Name:** FLORIDA TOOL & EQUIPMENT SERVICE, INC.

**Current Principal Place of Business:**

4300 MAINE AVE  
LAKELAND, FL 33801

**New Principal Place of Business:**

**Current Mailing Address:**

4300 MAINE AVE  
LAKELAND, FL 33801

**New Mailing Address:**

PO BOX 1118  
EATON PARK, FL 33840

**FEI Number:** 59-3080189

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

ALEXANDER, MICHAEL A.  
2873 WOODCREST LANE  
LAKELAND, FL 33801

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

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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

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

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: ALEXANDER, MICHAEL A. ,  
Address: 2873 WOODCREST LANE  
City-St-Zip: LAKELAND, FL

Title: V (X) Delete  
Name: WINKLER, TOMMY,  
Address: 1820 BROKEN ARROW TRL N.  
City-St-Zip: LAKELAND, FL

Title: ST ( ) Delete  
Name: ALEXANDER, SUSAN,  
Address: 2873 WOODCREST LN  
City-St-Zip: LAKELAND, FL

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

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

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

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:** MICHAEL A. ALEXANDER

PD

07/31/2003

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date