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

DOCUMENT # 5 96 623 1. Entity Name

Staco Equipment Services, Inc.



FILED Apr 24, 2003 8:00 am Secretary of State

04-24-2003 90244 022 ***150.00

			COD WE IN			
DO NOT WRITE IN THIS SPACE				20034377		
2. Principal Pla	ace of Business	3. Mailing Address	And the second s	-		
4267 Ondich Rd. Suite, Apt. #, etc.		P.O. Box 160715 Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE		
City & State	· ———	City & State		4. FEI Number	Applied For	
_ `		·	Springs ET	59-3101815	Not Applicable	
Apopka FT Country		Altamonte Springs, FL		5. Certificate of Status Desired \$8.75 Additional		
32712	USA	32716	USA	<u> </u>	Fee Required	
	rajang Pengelaga P. Bang, ang Pengelaga Pengelaga Partaga Pengelaga Panggang Pengelaga Pengelaga Pengelaga			7. Name and Address of Current Registere	d Agent	
Name Fig. 11 CTallings Sr						
DO NOT WRITE				Evel 1 STallings Sr. Street Address (P.O. Box Number is Not Acceptable)		
	IN THIS S	· 大力大量 公司大小的公司公司公司 (in 大批公司的国际中的工作人	AND THE STATE OF T	67 Ondich Rd.		
		IFAUE				
ngang dibanggan pagan Panggangan			City	· · · Fl	Zip Code	
		9964, 1997, 11, 12, 12, 12, 12, 12, 12, 12, 12, 12	Ap	onkaa		
	named entity submits this statemer ons of registered agent.	nt for the purpose of chang	ling its registered office of registe	ered agent, or both, in the State of Florida. I am	ramiliar w.n., and accept	
Á	.					
SIGNATURE _						
	Signature, typed or printed name of registered a	gent and title if applicable.	(NOTE: Registered Agent signature require	d when reinstating) DATE		
	uary 1 - May 1 Fee Is \$150.00 After May 1, Fee is \$550\00			9. Election Campaign Financing	\$5.00 May Be	
	Amended UBR is \$61.25			Trust Fund Contribution.	Added to Fees	
to a series of the transfer condition of the series of the	Payable to Florida Depaymen	Control Control of Control of Control		a bina minananan da timak salam disalahir da disami		
10.	OFFIGERS A	ND DIRECTORS	- TITLE		2	
TITLE NAME	President		TITLE		200	
STREET ADDRESS	Euell Stallings Sr.		STREET ADDRESS			
CITY-ST-ZIP	4267 Ondich Rd.		CITY-ST-ZIP		345	
TITLE	—Apopka, FL 32712		(MILE of Standard Contra	and the second of the second o	CR2E034B (12/02)	
NAME	VP		NAME		5	
STREET ADDRESS	Charles STallings		STREET ADDRESS		The statement of the state	
CITY-ST-ZIP	4255 Ondich Rd.		CITY -ST -ZIP			
TITLE	Apopka, FL 32712		TITLE		er") - 22 som etgett mit ette står gat statt bate	
NAME						
STREET ADDRESS	901 Longwood-Markham Pd			DO NOT WRI	TC	
CITY-ST-ZIP	Sanford, FL 3277		CITY-ST-ZIP			
TITLE	Secretary	•	TITLE	IN THIS SPA	îf:	
NAME	Vimboria Stallings Dodmond		NAME was to see the second see			
STREET ADDRESS CITY-ST-ZIP	2255 DELL De		STREET ADORESS CITY-ST-ZIP			
	Deltona, FL 3273					
TITLE NAME	Treasurer		TILE		an an American Section of the	
STREET ADDRESS	Done Challing		NAME STREET ADDRESS			
CITY-ST-ZIP	,		CITY-ST-ZIP			
TITLE	Apopka, FL 32712		TITLE		<u></u>	
NAME	£ -£,		NAME		The state of the s	
STREET ADDRESS		•	STREET ADDRESS			
CITY-ST-ZIP		•	CITY-SI-ZIP	The second s		
12 I hereby ce	rtify that the information supplied	with this filing does not gue	lify for the exemption stated in S	ection 119.07(3)(i) Florida Statutes I further ce	tify that the information	

reflect certify that the information supplied with this liting does not quality 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 10 or on an attachment with an address, with all other like empowered.

Euell Stallings, Sv.

407-869-1311

Daytime Phone #