

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 12, 2002 8:00 am
Secretary of State

09-12-2002 90001 012 ***550.00

DOCUMENT # V59423

1. Entity Name
FORCE ONE SURPLUS, INC.

Principal Place of Business
2509 BLANDING BLVD.
JACKSONVILLE FL 32210
US

Mailing Address
2509 BLANDING BLVD.
JACKSONVILLE FL 32210
US

2. Principal Place of Business
6000 66TH ST. N.
 Suite, Apt. #, etc.
ST. PETERSBURG, FL.
 City & State

3. Mailing Address
6000 66TH ST. N.
 Suite, Apt. #, etc.
ST. PETERSBURG, FL.
 City & State

Zip
33709
 Country
Pinellas

Zip
33709
 Country
Pin.

4. FEI Number **59-3138716**

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

CHESTER, JAMES R
9124 PALM IS CIR.
NO. FT. MYERS FL 33903

Delete

7. Name and Address of New Registered Agent

Name **WAYNE E. SMITH**
 Street Address (P.O. Box Number is Not Acceptable)
6000 66TH ST. N.
ST. PETERSBURG, FL.
 City **FL** Zip Code **33709**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Wayne E. Smith* **WAYNE E. SMITH** **9-10-02**
 (Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reappointing) 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 \$550.00
After September 13, 2002 Fee will be \$750.00
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 NAME STREET ADDRESS CITY-ST-ZIP	P CHESTER, JAMES R 3280 PALM BEACH BLVD. FT. MYERS FL 33916	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WIGHTMAN, WALTER J 2509 BLANDING BLVD. JACKSONVILLE FL 32210	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SMITH, WAYNE E 6000 66TH STREET NORTH ST. PETERSBURG FL 33709	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	President WAYNE E. SMITH 6000 66TH ST. N. ST. PETERSBURG, FL. 33709	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR / TREASURER JAMES CHESTER R. 3280 PALM BEACH BLVD FT. MYERS FL 33916	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR JAMES R. Beam 6000 66 ST. N. ST. PETERSBURG, FL. 33709	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR CHRIS TAYLOR 1300 48 AVE N.E ST. PETERSBURG, FL. 33703	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR PATRICK Feeley 45B 50TH AVE N. #2 ST. PETERSBURG, FL. 33703	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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: *Wayne E. Smith*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR