2003 FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR Feb 28, 2003 8:00 am Secretary of State **DOCUMENT #** 508421 1. Entity Name 02-28-2003 90144 042 ***150 00 KER EQUIPMENT COMPANY, INC. Principal Place of Business Mailing Address 5401 GODFREY ROAD 5401 GODFREY ROAD POMPANO BEACH FL 33067 POMPANO BEACH FL 33067 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number Applied For 59-1684566 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name RUTLEDGE, KENTON Street Address (P.O. Box Number is Not Acceptable) 5401 GODFREY ROAD POMPANO BEACH FL 33067 City Zip Code 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 gistered agent. SIGNATURE e if applicable (NOTE: Registered Agent signature required who FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Make Check Payable to Florida Department of State Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE ☐ Change ☐ Addition RUTLEDGE, DOREEN NAME NAME STREET ADDRESS 5401 GODFREY ROAD STREET ADDRESS ČITY-ST-ZIP POMPANO BEACH FL CITY-ST-ZIP ATLE ☐ Delete TITLE ☐ Change ☐ Addition NAME RUTLEDGE, KENTON NAME STREET ADDRESS 5401 GODFREY ROAD STREET ADDRESS CITY-ST-7IP POMPANO BEACH FL CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP

CITY-ST-ZIP

12. 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 eath; 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 Block 11 if

FILED