

DOCUMENT # 842651

1. Entity Name
UNITED EQUIPMENT SALES, INC.

Principal Place of Business
5101 E. BROADWAY AVE.
TAMPA FL 33619
US

Mailing Address
655 MEMORIAL DR SE
ATLANTA GA 30312

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip Country

Zip Country

FILED
Jan 11, 2001 8:00 am
Secretary of State

01-11-2001 90059 006 ***150.00



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-0940917

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

DENNIS LIVELY
608 OVERHILL DRIVE
BRANDON FL 33511

7. Name and Address of New Registered Agent

Name

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

City

FL

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

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 \$150.00
After MAY 1, 2001 Fee will be \$550.00
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

TITLE PD
NAME BRITT, P. R. ☐ Delete
STREET ADDRESS 2515 ASHWORTH LAKE RD
CITY-ST-ZIP SNELLVILLE GA 30278

TITLE VD
NAME BRITT, STEVE ☐ Delete
STREET ADDRESS 906 TREE TRAIL PKWY.
CITY-ST-ZIP NORCROSS GA

TITLE SD
NAME BRITT, ALBERT G. ☐ Delete
STREET ADDRESS 2630 WILCO COURT SW
CITY-ST-ZIP SNELLVILLE, GA 30278

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 3786 Southgate Dr.
CITY-ST-ZIP Lilburn, Ga. 30047

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 1703 Windrush Way
CITY-ST-ZIP Grayson, Ga. 30017

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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: *Steve Britt*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-4-01 404-577-2691
Date Daytime Phone #

CR2E034 (10/00)