## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## Secretary of State **DOCUMENT #842651** 01-08-2007 90242 025 \*\*\*150.00 1. Entity Name UNITED EQUIPMENT SALES, INC. Principal Place of Business Mailing Address 60000502 5101 E. BROADWAY AVE. 655 MEMORIAL DR SE TAMPA, FL 33619 ATLANTA GA 30312 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01052007 CR2E034 (12/06) City & State City & State 4. FEI Number Applied For 59-0940917 Not Applicable Zip Country 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 **DENNIS LIVELY** 608 OVERHILL DRIVE Street Address (P.O. Box Number is Not Acceptable) BRANDON, FL 33511 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 of registered agent. 35 SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 PD TITLE ☐ Delete TITLE ☐ Change Addition BRITT, P. R. NAME NAME STREET ADDRESS 2515 ASHWORTH LAKE RD STREET ADDRESS CITY-ST-ZIP SNELLVILLE, GA 30278 CITY-ST-ZIP TITLE VD ☐ Delete TITLE ☐ Change ☐ Addition **BRITT, STEVE** NAME NAME STREET ADDRESS 3786 SOUTHGATE DR STREET ADDRESS CITY-ST-ZIP LILBURN, GA 30047 CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition BRITT, ALBERT G. NAME NAME 702 WINDY DR. STREET ADDRESS 1703 WINDRUSH WAY STREET ADDRESS CITY-ST-ZIP GRAYSON, GA 30017 CITY-ST-ZIP STONE MOUNTAIN 30087 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-73P TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE Delete TITI F ☐ Change Addition Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, 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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: \_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-5-07

577-2691

Daytime Phone #

FILED

Jan 08, 2007 8:00 am