## **2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)**

## **DOCUMENT #** 854440

Country

6. Name and Address of Current Registered Agent

City & State

CT CORPORATION SYSTEM

1200 S. PINE ISLAND ROAD PLANTATION FL 33324

the obligations of registered agent.

Make Check Payable to Florida Department of State

Zip



Country \_\_

Name

City

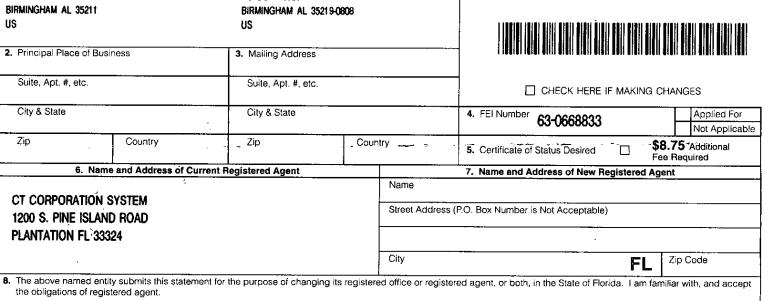
**FILED** Feb 06, 2003 8:00 am Secretary of State

02-06-2003 90083 043 \*\*\*150.00

1. Entity Name WAREHOUSE EQUIPMENT &	SUPPLY ALABAMA, INC.	
Principal Place of Business 116 WEST PARK DRIVE BIRMINGHAM AL 35211 US	Mailing Address PO BOX 19808 BIRMINGHAM AL 35219-0808 US	
2. Principal Place of Business	3. Mailing Address	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	

City & State

Zip



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, 2003 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

10.	OFFICERS AND DIRECTORS	;	11.	ADDITIONS/CHANGES TO OFFICERS AN	D DIRECTOR	S IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GUESS, HEARAL D 116 WEST PARK DR BIRMINGHAM AL 35211	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MARILYN L GLESS 116 WEST PARK DR DIRMINGHAM AL 35211	Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD GUESS, MARILYN L 116 WEST PARK AVENUE BIRMINGHAM AL 35211	<b>⊠</b> Delete	TITLE NAME STREET ADDRESSCITY-ST-ZIP	STD HEARAL D GLESS I'L WEST PARK DR BIRMINGHAM AL 352	Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	Addition

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 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: