2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H04569 1. Entity Name SOUTHERN MACHINERY & EQUIPMENT, INC.				Secretary of State 04-02-2003 90077 010 ***150.00	
Principal Place 20718 NORTH DADE CITY FUS		Mailing Address 20718 NORTH HWY 301 DADE CITY FL 33523 US			
2. Principal Place of Business		3. Mailing Address			T TO BE ONLY OF THE BURNET DE SHE OF SHELL BE ONLY BE
Suite, Apt. #, etc.		Suite, Apt. #, etc.			☐ CHECK HERE IF MAKING CHANGES
City & State		City & State			4. FEI Number 59-2412556 Applied For Not Applicable
Zip	Country	Zip	Cour	ntry	5. Certificate of Status Desired See Required Fee Required
	6. Name and Address of Current	Registered Agent			7. Name and Address of New Registered Agent
WALLED	OUADITO D			Name	
•	CHARLES D ST LIVE OAK		Street Addres		s (P.O. Box Number is Not Acceptable)
DADE CITY FL 33523					
				City	FL Zip Code
	e named entity submits this statement for tions of registered agent.	or the purpose of char	nging its register	ed office or registe	ered agent, or both, in the State of Florida. I am familiar with, and accept
SIGNATURE	Signature, typed or printed name of registered agent		(VOTE Barbar		red when reinstating) DATE
- Z	TILE NOW!!! FEE IS \$150.00 r May 1, 2003 Fee will be \$550.00	ано иле и аррисале.	(AOTE: Adjistere	d Agent signature require	9. Election Campaign Financing \$5.00 May Be
	k Payable to Florida Department o				Trust Fund Contribution. Added to Fees
10.	OFFICERS AND				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MCLEOD, GERALD PASCO ROAD SAN ANTONIO FL	□ Del	NAM STRI	1	☐ Change ☐ Addition ☐
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MCLEOD, RANDAL R. 11836 ORANGE COURT DADE CITY FL	□ Del	NAM Stri		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S WALLER, CYNTHIA A 40653 MESSICK ROAD DADE CITY FL	□ Del	lete TITL NAM STRE	E	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP ~	T MCLEOD, IRMA T. PASCO ROAD SAN ANTONIO FL	☐ Del	NAM		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Del	NAM Stre		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS		□ Deli	: NAM STRE		☐ 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:

3-28-03 Date

352-583-3334