

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

FILED
May 21, 2002 8:00 am
Secretary of State

05-21-2002 91167 015 ***150.00

DOCUMENT # 201000080688

1. Entity Name
PRICE EQUIPMENT SALES, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
1304 WOOD LAKE CIRCLE

Suite, Apt. #, etc.

3. Mailing Address
1304 WOOD LAKE CIRCLE

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
ST. CLOUD, FL.

City & State
ST. CLOUD, FL

4. FEI Number
59-3736794

Applied For
Not Applicable

Zip
34772

Country
USA

Zip
34772

Country
USA

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

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
CARL D. PRICE

Street Address (P.O. Box Number is Not Acceptable)
1304 WOOD LAKE CIRCLE

City
ST. CLOUD FL Zip Code
34772

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) ☒

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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
NAME
STREET ADDRESS
CITY - ST - ZIP
PRESIDENT
CARL D. PRICE
1304 WOOD LAKE CIRCLE
ST. CLOUD, FL 34772

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/02 (407) 892-9486
Date Daytime Phone #

CR2E034B (12/01)