

FILED
Mar 28, 2003 8:00 am
Secretary of State

03-28-2003 90090 018 ***158.75

DOCUMENT #	P02000050648	
1. Entity Name	AMERICAN CONTRACTORS EQUIPMENT, INC.	

Principal Place of Business	Mailing Address
3105 SE 24TH TERRACE	3105 SE 24TH TERRACE
OCALA FL 34471	OCALA FL 34471

2. Principal Place of Business 1604 NW 38TH AVE	3. Mailing Address 107 NE 1ST AVE
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State OCALA FL	City & State OCALA FL
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Zip 34478	Country USA	Zip 34470	Country USA
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4. FEI Number	01-0685310	Applied For
		Not Applicable

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

6. Name and Address of Current Registered Agent7. Name and Address of New Registered Agent

VILLELLA, MATTHEW T
3105 SE 24TH TERRACE
OCALA FL 34471

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

<p>FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State</p>	<p>9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees</p>
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10. OFFICERS AND DIRECTORS

11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
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TITLE	D	<input type="checkbox"/> Delete
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TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
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NAME	VILLELLA, MATTHEW T
STREET ADDRESS	3105 SE 24TH TERRACE
CITY-ST-ZIP	OCALA FL 34471

NAME	
STREET ADDRESS	
CITY - ST - ZIP	

TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Delete
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CITY - ST - ZIP	

TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
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STREET ADDRESS		
CITY- ST- ZIP		

CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
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TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Delete
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY - ST - ZIP	

TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

12. I hereby certify that the information supplied with this filing as indicated on this report or supplemental report is true and accurate and that the information 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 statement; that my name appears on the certificate filed 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 officers, directors, receivers, trustees, or persons authorized to execute this statement. (352)

SIGNATURE: MATTHEW T. VILLELLA **MATTHEW T. VILLELLA 1/16/03 351-3013**

CR2E034 (10/02)