

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

DOCUMENT # P04000019498

1. Entity Name

AMERICAN EQUIPMENT SERVICES, INC.

FILED

05 APR 15 AM 9:07

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

3161 Hoovers Mill Road

Suite, Apt. #, etc.

3. Mailing Address

3161 Hoovers Mill Road

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
Bonifay, Florida

City & State  
Bonifay, Florida

4. FEI Number  
20-0675760

Applied For  
Not Applicable

Zip  
32425

Country  
Holmes

Zip  
32425

Country  
Holmes

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  
RANDALL NEIL SPEAR

Street Address (P.O. Box Number is Not Acceptable)  
3161 Hoovers Mill Road

City Bonifay FL Zip Code 32425

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 *Randall Neil Spear*

Signature, typed or printed name of registered agent, and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

*4/7/05*

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  
RANDALL NEIL SPEAR  
3161 Hoovers Mill Road  
Bonifay, Florida 32425

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
800050875828  
04/15/05--01001--021 \*\*150.00

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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: *Randall Neil Spear Pres.*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*4/7/05* (850)260-5163  
Date Daytime Phone #

CR2E034B (12/01)