


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

**FILED**  
**May 01, 2003 8:00 am**  
**Secretary of State**

05-01-2003 90823 036 \*\*\*150.00

DOCUMENT # P950000159104

1. Entity Name  
**Louisville Equipment Inc.**



80104030

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business <b>1737 Greenridge circle south</b>		3. Mailing Address <b>same</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <b>Jacksonville Florida</b>		City & State	
Zip <b>32259</b>	Country <b>St. John's</b>	Zip	Country

DO NOT WRITE IN THIS SPACE

4. FEI Number <b>59-3302090</b>		Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>			

**DO NOT WRITE IN THIS SPACE**

7. Name and Address of Current Registered Agent

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 \_\_\_\_\_ DATE \_\_\_\_\_

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

January 1 - May 1 Fee is \$150.00  
After May 1 Fee is \$550.00  
Amended UBR is \$61.25  
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS			
TITLE	<b>Pstd</b>	TITLE	
NAME	<b>garland, michael h</b>	NAME	
STREET ADDRESS	<b>1737 greenridge circle south</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>jacksonville florida 32259</b>	CITY-ST-ZIP	
TITLE	<b>d</b>	TITLE	
NAME	<b>biller, John</b>	NAME	
STREET ADDRESS	<b>12873 Nimes dr</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>St. Louis, Missouri 63141</b>	CITY-ST-ZIP	
TITLE	<b>d</b>	TITLE	
NAME	<b>Kraiberg robert</b>	NAME	
STREET ADDRESS	<b>1832 s 8th st</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>St. Louis Missouri 63104</b>	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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 on an attachment with an address, with all other like empowered.

SIGNATURE: Michael H. Garland **Michael H. Garland** **4/28/03**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/02)

attachment  
801021258  
~~995660018904~~

April 28, 2003

Florida Dept of State  
Division of Corporations

Subject: 2003 uniform Business Report

Please note my new address, because I did not receive the report form. I  
down loaded the form off the internet, and this is the best I could do.

Louisville Equipment Inc.  
1737 Greenridge Circle South  
Jacksonville, Florida 32259

904 868-1694-----garlandm@bellsouth.net

Thank you,