


**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.



80104000

DO NOT WRITE IN THIS SPACE

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

DO NOT WRITE IN THIS SPACE

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

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

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,