

2001 UNIFORM BUSINESS REPORT (UBR)

4/26

FILED
May 17, 2001 8:00 am
Secretary of State

04-26-2001 90249 030 ***150.00

DOCUMENT # L41534

1. Entity Name
TRIPLE CROWN TRAILERS, INC.

Principal Place of Business 5109 WEST ANTHONY ROAD, NE OCALA FL 34475 US	Mailing Address 5109 WEST ANTHONY ROAD, NE OCALA FL 34475 US
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- 44382



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 59-2990865		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
LORICK, ERNEST M. 5109 WEST ANTHONY ROAD, N.E. Ocala FL 34475				Name Linda L. Lorick			
				Street Address (P.O. Box Number is Not Acceptable) 7255 SW 99th Street			
				City Ocala		Zip Code 34476	

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 *Linda L Lorick* DATE **5.9.01**

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	FILE NOW!!! FEE IS \$160.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State.	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD LORICK, ERNEST M. 7255 SW 99TH STREET OCALA FL 34476 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Lorick, Ernest M. 7255 SW 99th St. Ocala FL 34476 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD LORICK, LINDA L. 7255 SW 99TH STREET OCALA FL 34476 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD Lorick, Linda L. 7255 SW 99th St. Ocala FL 34476 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD Lorick, Marty I. 5952 NE 62nd Ct. Rd. Silver Springs FL 34488 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	

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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: *Linda L Lorick* Linda L. Lorick 4.18.01 368-7865

Secretary/Treas

CR2E084 (10/00)