## 2000 UNIFORM BUSINESS REPORT (UBR)

## Apr 21, 2000 8:00 am Secretary of State **DOCUMENT # 555567** CUSTOM TRAILER HITCHES, INC. 04-21-2000 90018 043 \*\*\*150.00 Principal Place of Business Mailing Address 4121-82ND AVENUE NORTH 4121-82ND AVENUE NORTH PINELLAS PARK FL 33781-1704 PINELLAS PARK FL 34665 3. Mailing Address 2. Principal Place of Business WHY Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-1787673 PARWA Not Applicable Zip Zip Country \$8.75 Additional Country 5. Certificate of Status Desired 33 <u> 2</u>62 KINELLUS Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SORETH, PAUL R Street Address (P.O. Box Number is Not Acceptable) ~4121-82ND AVENUE SOUTH -PINELLAS PARK-FL-33665 62 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 (NOTE: Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. ☐ Change Addition TITLE ☐ Delete TITLE NAME SORETH, PAUL R STREET ADDRESS 4121-82ND AVENUE NORTH STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PINELLAS PARK FL 34665 Addition TITLE ☐ Delete Change SORETH, BERNADETTE F NAME STREET ADDRESS STREET ADDRESS 4121-82ND AVENUE NORTH CITY-ST-ZIP. CITY-ST-ZIP ~ PINELLAS PARK-FL-34665 ☐ Change Addition Delete TITLE TITLE. SORETH, KRISTEN J NAME NAME STREET ADDRESS STREET ADDRESS 4121-82ND AVENUE NORTH CITY-ST-ZIP CITY-ST-ZIP PINELLAS PARK FL 34665 ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 a provided the propowered.

ATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: 1

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