

2003 **FOR PROFIT CORPORATION**
UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2003 8:00 am
Secretary of State

04-23-2003 90176 048 ***150.00

DOCUMENT # 680229

1. Entity Name

Custom Equipment Trailers, Inc.



DO NOT WRITE IN THIS SPACE

11009852

2. Principal Place of Business

18425 Hamilton Rd

Suite, Apt. #, etc.

3. Mailing Address

18425 Hamilton Rd

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Dade City FL

City & State

Dade City FL

4. FEI Number

59-2016524

Applied For

Not Applicable

Zip

33525

Country

Zip

33525

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

Thomas M Vengard

Street Address (P.O. Box Number is Not Acceptable)

18425 Hamilton Rd

City

Dade City

FL

Zip Code

33525

**DO NOT WRITE
IN THIS SPACE**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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

P/D

NAME

Thomas M Vengard

STREET ADDRESS

18425 Hamilton Rd

CITY - ST - ZIP

Dade City FL 33525

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

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NAME

STREET ADDRESS

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)(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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

Thomas M. Vengard

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Thomas M. Vengard

President

Date

4-18-03 352-567-1881

Daytime Phone #

CR2E034B (12/02)