

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

**Zip** 33525 **Country**

**4. FEI Number**  
 59-2016524

**Applied For**  
 Not Applicable

**5. Certificate of Status Desired**  **\$8.75 Additional Fee Required**

**DO NOT WRITE IN THIS SPACE**

**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

**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**  **\$5.00 May Be Added to Fees**  
 Trust Fund Contribution.

10. OFFICERS AND DIRECTORS			
<b>TITLE</b> P/D	<b>NAME</b> Thomas M Vengard	<b>TITLE</b>	
<b>STREET ADDRESS</b> 18425 Hamilton Rd	<b>CITY-ST-ZIP</b> Dade City FL 33525	<b>STREET ADDRESS</b>	
<b>TITLE</b>		<b>NAME</b>	
<b>STREET ADDRESS</b>		<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>		<b>CITY-ST-ZIP</b>	
<b>TITLE</b>		<b>NAME</b>	
<b>STREET ADDRESS</b>		<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>		<b>CITY-ST-ZIP</b>	
<b>TITLE</b>		<b>NAME</b>	
<b>STREET ADDRESS</b>		<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>		<b>CITY-ST-ZIP</b>	
<b>TITLE</b>		<b>NAME</b>	
<b>STREET ADDRESS</b>		<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>		<b>CITY-ST-ZIP</b>	

**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* Thomas M. Vengard, 4-18-03 352-567-1881  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #  
 President

CR2E034B (12/02)