

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 15, 2001 8:00 am
Secretary of State

05-15-2001 90104 035 ***150.00

DOCUMENT # 843419

1. Entity Name

MORGAN TRAILER MFG. CO.

Principal Place of Business

**8108 N HWY 301
 301 INDUSTRIAL PARK
 TAMPA FL 33637-3636
 US**

Mailing Address

**ONE MORGAN WAY
 MORGANTOWN PA 19543**

2. Principal Place of Business

4434 Main Avenue

3. Mailing Address

35 Thousand Oaks Blvd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Lakeland, FL

City & State

Morgantown, PA

4. FEI Number

25-1151457

Applied For

☐ Not Applicable

Zip

Country

33801-9773 USA

Zip

Country

19543 USA

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION FL 33324**

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐ (See criteria on back)

**FILE NOW!!! FEE IS \$150.00
 After MAY 1, 2001 Fee will be \$550.00
 Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐

**\$5.00 May Be
 Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	CEO	<input type="checkbox"/> Delete
NAME	OSTENDORF, ROBERT	
STREET ADDRESS	ONE MORGAN WAY	
CITY-ST-ZIP	MORGANTOWN PA 19543	
TITLE	CFO	<input checked="" type="checkbox"/> Delete
NAME	HOHNSTINE, DON	
STREET ADDRESS	ONE MORGAN WAY	
CITY-ST-ZIP	MORGANTOWN PA 19543	
TITLE	VP	<input type="checkbox"/> Delete
NAME	ERVEN, JAMES	
STREET ADDRESS	ONE MORGAN WAY	
CITY-ST-ZIP	MORGANTOWN PA 19543	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	HOLM, HAROLD	
STREET ADDRESS	ONE MORGAN WAY	
CITY-ST-ZIP	MORGANTOWN PA 19543	
TITLE	VP	<input type="checkbox"/> Delete
NAME	GRACIA, PETE	
STREET ADDRESS	ONE MORGAN WAY	
CITY-ST-ZIP	MORGANTOWN PA 19543	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	LOTNER, SHAUN	
STREET ADDRESS	ONE MORGAN WAY	
CITY-ST-ZIP	MORGANTOWN PA 19543	

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	35 Thousand Oaks Blvd.	
CITY-ST-ZIP		
TITLE	CFO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Robinson, Mark	
STREET ADDRESS	35 Thousand Oaks Blvd.	
CITY-ST-ZIP	Morgantown, PA 19543	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	35 Thousand Oaks Blvd.	
CITY-ST-ZIP		
TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Sproull, Bob	
STREET ADDRESS	35 Thousand Oaks Blvd.	
CITY-ST-ZIP	Morgantown, PA 19543	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	35 Thousand Oaks Blvd.	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

Mark Robinson CFO

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/01

Date

610-286-2381

Daytime Phone #

CR2E034 (10/00)