

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 853042

1. Entity Name

TRAILER CONDITIONERS, INC.

**FILED**  
**Apr 22, 2000 8:00 am**  
**Secretary of State**

04-22-2000 90130 010 \*\*\*150.00

Principal Place of Business

Mailing Address

55 NE GLENLAKE PKWY  
ATLANTA GA 30328  
US

55 NE GLENLAKE PKWY  
ATLANTA GA 30328-3474  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 06-1060329

Applied For

Not Applicable

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

CT CORPORATION SYSTEM  
1200 S. 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, 2000 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 ASAT  
NAME PICA, EUGENE A.  
STREET ADDRESS 55 NE GLENLAKE PKWY  
CITY-ST-ZIP ATLANTA GA ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE DC  
NAME KELLY, JAMES P  
STREET ADDRESS 55 GLENLAKE PARKWAY NE  
CITY-ST-ZIP ATLANTA GA 30328 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE AT  
NAME MODEROW, JOSEPH R.  
STREET ADDRESS 55 NE GLENLAKE PKWY  
CITY-ST-ZIP ATLANTA GA ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE AS  
NAME CLANIN, ROBERT J.  
STREET ADDRESS 55 NE GLENLAKE PKWY  
CITY-ST-ZIP ATLANTA GA ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ATAS  
NAME AGRESTA, MAURICE M.  
STREET ADDRESS 55 NE GLENLAKE PKWY  
CITY-ST-ZIP ATLANTA GA ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE DV  
NAME ESKEAN, MICHAEL L  
STREET ADDRESS 55 NE GLENLAKE PKWY  
CITY-ST-ZIP ATLANTA GA ☒ Delete

TITLE DV  
NAME Michael L. Eskean  
STREET ADDRESS 55 Glenlake Pkwy NE  
CITY-ST-ZIP Atlanta, GA 30328 ☐ Change ☒ 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:

*Eugene A. Pica*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-5-00

Date

(404) 828-6093

Daytime Phone #

CR2E034 (9/99)