

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 02, 2003 8:00 am**  
**Secretary of State**

05-02-2003 90363 021 \*\*\*150.00

0001437 AV

**DOCUMENT # 853042**

1. Entity Name

TRAILER CONDITIONERS, INC.



Principal Place of Business

55 NE GLENLAKE PKWY  
ATLANTA GA 30328  
US

Mailing Address

55 NE GLENLAKE PKWY  
ATLANTA GA 30328  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

☐ CHECK HERE IF MAKING CHANGES

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. 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

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2003 Fee will be \$550.00**

**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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ASAT ☐ Delete  
NAME PICA, EUGENE A.  
STREET ADDRESS 55 NE GLENLAKE PKWY  
CITY-ST-ZIP ATLANTA GA

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

TITLE DCP ☐ Delete  
NAME ESKEW, MICHAEL L  
STREET ADDRESS 55 GLENLAKE PARKWAY NE  
CITY-ST-ZIP ATLANTA GA 30328

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

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

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

TITLE DVTS ☐ Delete  
NAME DAVIS, SCOTT  
STREET ADDRESS 55 NE GLENLAKE PKWY  
CITY-ST-ZIP ATLANTA GA 30328

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

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

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

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

TITLE DCP ☒ Change ☐ Addition  
NAME Eskew Michael L.  
STREET ADDRESS 55 Glenlake Pkwy NE  
CITY-ST-ZIP Atlanta, GA 30328

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: <sup>15</sup>

**SIGNATURE REQUIRED**

Eugene A. Pica 4-28-03 (404) 828-6093

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)