

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # F97000003930**

1. Entity Name

FREIGHTLINER CUSTOM CHASSIS CORPORATION

Principal Place of Business

552 HYATT STREET
GAFFNEY SC 29341

Mailing Address

552 HYATT STREET
GAFFNEY SC 29341

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 **93-1173788**

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

**RIVERA, ANGEL
700 AERO LANE
SANDFORD FL 32771**

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	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
P	HOFF, MARV	552 HYATT STREET	GAFFNEY SC	<input type="checkbox"/>	<input type="checkbox"/>
VP	SCHNELL, UDO	4747 N CHANNEL	PORTLAND OR 97217	<input type="checkbox"/>	<input type="checkbox"/>
VSD	HUBLER, JAMES	4747 N CHANNEL	PORTLAND OR	<input type="checkbox"/>	<input type="checkbox"/>
T	PLATT, KELLEY	4747 N CHANNEL	PORTLAND OR 97217	<input type="checkbox"/>	<input type="checkbox"/>
CD	HEBE, JAMES	4747 N CHANNEL	PORTLAND OR	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/1/01

Date

864-206-8620

Daytime Phone #

FILED
Jun 20, 2001 8:00 am
Secretary of State

06-20-2001 90667 026 ***150.00

A0074125

DO NOT WRITE IN THIS SPACE

CR2034 (10/00)