

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F99000003321

1. Entity Name

AJC TRAILER, INCORPORATED

FILED
Jan 21, 2000 8:00 am
Secretary of State

01-21-2000 90114 037 ***150.00

Principal Place of Business

Mailing Address

833 STANTON DR.
WESTON FL 33326

833 STANTON DR.
WESTON FL 33326-3596

2. Principal Place of Business

3. Mailing Address

318 Indian Trace Rd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

PMB #313

City & State

City & State

Weston, Florida

Zip

Country

Zip

Country

33326

USA - Broward

4. FEI Number

58-2446381

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

CORBETT, ROBERT
833 STANTON DRIVE
WESTON FL 33326

Name

Corbett, Clarivel Blanco

Street Address (P.O. Box Number is Not Acceptable)

833 Stanton Drive

City

Weston

FL

Zip 33326

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

Clarivel B. Corbett

1/3/00

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 P
NAME CORBETT, R.E.
STREET ADDRESS 833 STANTON DR.
CITY-ST-ZIP WESTON FL 33326 ☒ Delete

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

TITLE VPST
NAME CORBETT, CLARIVEL B
STREET ADDRESS 833 STANTON DR.
CITY-ST-ZIP WESTON FL 33326 ☐ Delete

TITLE
NAME President / Secretary ☒ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Change ☐ Addition

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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ 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:

Clarivel B. Corbett president

1/3/00

954-389-8230

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)