2000 UNIFORM BUSINESS REPORT (UBR)

FILED **DOCUMENT # G74418** Mar 06, 2000 8:00 am 1. Entity Name Secretary of State MAGIC TILT TRAILER SALES, INC. 03-06-2000 90092 014 ***150.00 Principal Place of Business Mailing Address 2161 LIONS CLUB RD 2161 LIONS CLUB RD CLEARWATER FL 33764-6803 CLEARWATER FL 34624 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 59-2361329 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired . Fee Required 33764 7.-Name and Address of New Registered Agent — 6.-Name and Address of Current Registered Agent-Name BRUELS, JOHN Street Address (P.O. Box Number is Not Acceptable) 2161 LIONS CLUB ROAD **CLEARWATER FL 33546** City FL 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 (NOTE: Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Delete Change Addition TITLE CLAWSON, J. G. NAME STREET ADDRESS STREET ADDRESS 2161 LIONS CLUB RD CITY-ST-ZIP CITY-ST-ZIP Clearwater, FL 33764 **CLEARWATER FL 33546** X Change Addition ☐ Delete TITLE TITLE NAME BRUELS, JOHN NAME STREET ADDRESS 2161 LIONS CLUB ROAD STREET ADDRESS CITY-ST-ZIP Clearwater, FL 33764 CITY-ST-ZIP CLEARWATER FL 33546 [X] Change Addition ☐ Delete TITLE COGGINS, E.K. NAME 2161 LIONS CLUN ROAD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CLEARWATER FL Clearwater, FL 33764 Secretary ☐ Change X Addition ☐ Delete TITLE TITLE Burden, Brian A. NAME NAME 215 W. Verne St. - Suite D STREET ADDRESS STREET ADDRESS CITY-ST-ZIP Tampa, FL 33606 CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 of 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:

GNATURE AND TYPED BY PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/2/00

(727) 535-5561

Daytime Phone #