

**2000 UNIFORM BUSINESS REPORT (UBR)****FILED****Feb 09, 2000 8:00 am  
Secretary of State**

02-09-2000 90088 049 \*\*\*158.75

**DOCUMENT # G76233**

1. Entity Name

**ABC TRAILER, INC.**

Principal Place of Business

Mailing Address

**6188 RIVERTON  
TROY MI 48098  
US****6188 RIVERTON  
TROY MI 48098-1878  
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number **59-2364777**Applied For  
Not Applicable5. 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

**MOORE, JON CPA  
RIVERVIEW CENTER, SUITE 150  
1111 THIRD AVENUE, WEST  
BRADENTON FL 34205**

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  
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>BOWERS, BRENDA</b>	
STREET ADDRESS	<b>6188 RIVERTON</b>	
CITY-ST-ZIP	<b>TROY MI</b>	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<b>S</b>	<input type="checkbox"/> Delete
NAME	<b>BANN, DEBRA</b>	
STREET ADDRESS	<b>603 KENTUCKY DRIVE</b>	
CITY-ST-ZIP	<b>ROCHESTER HILLS MI 48307</b>	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<b>T</b>	<input type="checkbox"/> Delete
NAME	<b>BOWERS, BRENDA</b>	
STREET ADDRESS	<b>6188 RIVERTON</b>	
CITY-ST-ZIP	<b>TROY MI 48098</b>	

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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/>
NAME		
STREET ADDRESS		
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 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 is changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:****Brenda Bowers, President**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/31/00

Date

(248) 524 3445

Daytime Phone #