FILED

2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE

Feb 04, 2002 8:00 am DOCUMENT # H09873 **Secretary of State** 1. Entity Name 02-04-2002 90129 038 ***150 00 B & STRAILER MANUFACTURERS, INC. Principal Place of Business Mailing Address & DONALD VIRGIL BRADDOCK & DONALD VIRGIL BRADDOCK 17175 NW GAINESVILLE RD 17175 NW GAINESVILLE RD REDDICK FL 32686 REDDICK FL 32686 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-2455516 Not Applicable Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Clifford William Braddock BRADDOCK, DONALD V. Street Address (P.O. Box Number is Not Acceptable) 17175 NE GAINESVILLE RD 17175 NW Gainsville Road REDDICK FL 32686 ^CŘeddi<u>ck</u> ^zig 2686 8. The above named entity submits this statement for the purpose of changing its registered office SIGNATURE DATE 1/18/02 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, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. (9/01) Addition ☐ Delete TITLE X Change TITLE S BRADDOCK, DONALD V. NAME NAME Donald V. Braddock CR2E034 STREET ADDRESS STREET ADDRESS 17175 NW GAINESVILLE ROAD Avenue G. 5405 CITY-ST-ZIP CITY-ST-ZIP REDDICK FL McIntosh, FL 32664 Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME BRADDOCK, CLIFFORD W Clifford W. Braddock STREET ADDRESS STREET ADDRESS RT 3 BOX 267 A-10 17175 NW Gainesville Road CITY-ST-ZIP CITY-ST-ZIP HAWTHORNE FL Reddick, FL 32686 Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE. NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ~ CITY-ST-ZIP Addition TITLE ☐ Delete TITI F 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 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 attachme

Daytime Phone #

Date