2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 17, 2001 8:00 am
Secretary of State
09-17-2001 90152 037 ***150.00

010438B8 AV

DOCUMENT # H31834

1. Entity Name
TRAIL TRUCK CENTER, INC.

Principal Place of Business	Mailing Address
C/O MARION M. SIZEMORE 702 S. MARKET AVENUE FT. PIERCE FL 34982-6644	C/O MARION M. SIZEMORE 702 S. MARKET AVENUE FT. PIERCE FL 34982-6644

DO NOT WRITE IN THIS SPACE

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 59-2481258 ☐ 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
SIZEMORE, MARION M. 702 S. MARKET AVENUE FT. PIERCE FL 34982	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 $550.00
After September 12, 2001 Fee will be $750.00
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	DP SIZEMORE, MARION M. 702 S. MARKET AVE. FT. PIERCE FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DST SIZEMORE, RUTH M. 702 S. MARKET AVE. FT. PIERCE FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP SIZEMORE, STUART M. 6870 N. MILITARY TRAIL WEST PALM BEACH FL	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E024 (5/01)

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: Robert M. Sizemore SIGNATURE REQUIRED 9-10-01 561-465-2530
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Attachment VH H-31834

STATE OF FLORIDA

OFFICE of VITAL STATISTICS

A00864114

CERTIFIED COPY

CERTIFICATE OF DEATH
FLORIDA

STUART McGINNIS SIZEMORE — MALE

JULY 15, 2000 — 267-06-6697 — 45

DECEMBER 23, 1954 — BLUEFIELD, WEST VIRGINIA — NO

HOSPITAL X ER/Outpatient — YES

COLUMBIA LAWNWOOD REGIONAL MEDICAL CENTER — FORT PIERCE — SAINT LUCIE

GENERAL MANAGER AND OWNER — TRUCK & TRAILER CENTER — MARRIED — SUZETTE MARIE HARTSFIELD

FLORIDA — ST. LUCIE — FORT PIERCE — 805 WINDSOR AVENUE

YES — 34982 — X No — WHITE — 2

MARION McGINNIS SIZEMORE — RUTH MADELINE FLIPPEN

SUZETTE SIZEMORE — 805 WINDSOR AVENUE, FT. PIERCE, FLORIDA 34982

X Burial — WHITE CITY CEMETERY — FT. PIERCE, FLORIDA

Victor C. Thaler (signature) — 4414 — HAISLEY-HOBBS FUNERAL HOME, 3015 OKEECHOBEE ROAD, FORT PIERCE, FLORIDA 34947

Charles A. Diggs (signature) — JULY 17, 2000 — 2:04 A M — 00.19.00 419

CHARLES A. DIGGS, M.D. A.M.E., 2500 S 35TH ST., FORT PIERCE, FLORIDA 34981

(signature) — Tabby Bennett CDR — July 17, 2000

THIS IS A CERTIFIED TRUE AND CORRECT COPY OF THE OFFICIAL RECORD ON FILE IN THIS OFFICE

BY Tabby Bennett CDR 7/21/00 State Registrar

WARNING: THIS DOCUMENT IS PRINTED OR PHOTOCOPIED ON SECURITY PAPER WITH A WATERMARK OF THE GREAT SEAL OF THE STATE OF FLORIDA. DO NOT ACCEPT WITHOUT VERIFYING THE PRESENCE OF THE WATERMARK. THE DOCUMENT FACE CONTAINS A MULTI-COLORED BACKGROUND AND GOLD EMBOSSED SEAL. THE BACK CONTAINS SPECIAL LINES WITH TEXT AND SEALS IN THERMOCHROMIC INK.

11073193

FLORIDA DEPARTMENT OF HEALTH

DOH FORM 1564 (10/98)

CERTIFICATION OF VITAL RECORD

VOID IF ALTERED OR ERASED

Attachment
DH#131834
A00864114

TRAIL TRAILER CENTER, INC.

6870 N. Military Trail, West Palm Beach, Fl. 33407-0406
Phone 561-845-0406 ~ Fax 561-842-2916

September 10, 2001

Department of State
Division of Corporations
Uniform Business Report Filins
P.O. Box 1500
Tallashassee, Fl. 32302-1500

Dear Sirs:

Dear Sirs:

Trail Truck Center, Inc., did not receive the Uniform Filing Form for May 2001. Enclosed is our check #30027 in the amount of $150.00 for the 2001 filing.

Sincerely,

RUTH M. SIZEMORE
Corporate Secretary
RMS/pbe

Enclosure