

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 01, 2002 8:00 am**  
**Secretary of State**

05-01-2002 91526 020 \*\*\*150.00

DOCUMENT # H81825

1. Entity Name

Trail Transmission Inc

043881

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

9803 S. Orange Blossom Trail

3. Mailing Address

3330 Lakeshore Blvd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Orlando FL

City & State

St Cloud FL

Zip

32837

Country

USA

Zip

34769

Country

USA

4. FEI Number

59-2594992

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75** Additional Fee Required

7. Name and Address of Current Registered Agent

Name

Frank Jaquinto

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

3330 Lakeshore Blvd

City

St Cloud

FL

Zip Code

34769

**DO NOT WRITE  
IN THIS SPACE**

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)

☐

**January 1 - May 1 Fee is \$150.00**  
**After May 1, Fee is \$550.00**  
**Amended UBR is \$61.25**  
**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

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
P/SIT/D  
Frank V. Jaquinto  
3330 Lakeshore Blvd St Cloud  
FL 34769

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-2002 407-460-9151