

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H93596

1. Entity Name

TRAILERS AND PARTS DEPOT, INC.

FILED
Jan 27, 2000 8:00 am
Secretary of State

01-27-2000 90034 007 ***150.00

Principal Place of Business

Mailing Address

8504-A ADAMO DRIVE
TAMPA FL 33619
US

1020 S. 86TH STREET
TAMPA FL 33619-4946
US

2. Principal Place of Business

1262 East Hillsborough Avenue
Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 89037
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Tampa FL

City & State

Tampa FL

4. FEI Number

59-2625213

Applied For

Not Applicable

Zip

33604

Country

USA

Zip

33689

Country

USA

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

ROBERTS, RONALD E
1020 S. 86TH ST.
TAMPA FL 33619

Name

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

2302 MEDFORD LANE

City

BRANDON

FL

Zip Code

33511

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

RONALD E. ROBERTS JR. - President

1-20-2000

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 Be
Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Delete
NAME	ROBERTS JR., RONALD E.	
STREET ADDRESS	935 SYMPHONY ISLES BLVD	
CITY-ST-ZIP	APOLLO BCH FL 33512	
TITLE	D	<input type="checkbox"/> Delete
NAME	ROBERTS, RONALD E.	
STREET ADDRESS	1020 S 86TH ST.	
CITY-ST-ZIP	TAMPA FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	ROBERTS, JUANITA	
STREET ADDRESS	1020 S. 86TH ST.	
CITY-ST-ZIP	TAMPA FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PRESIDENT, DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RONALD E. ROBERTS JR	
STREET ADDRESS	10214 OASIS PALM DRIVE	
CITY-ST-ZIP	TAMPA, FL 33615	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	2302 MEDFORD LANE	
CITY-ST-ZIP	BRANDON, FL 33511	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	2302 MEDFORD LANE	
CITY-ST-ZIP	BRANDON, FL 33511	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

RONALD E. ROBERTS JR. - President

1-20-2000

(83) 621 6568