

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

**FILED**  
**Apr 30, 2003 8:00 am**  
**Secretary of State**

04-30-2003 90149 017 \*\*\*150.00

DOCUMENT # L13392

1. Entity Name

Tom's Trailer & RV Sales Inc.



**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

112 Pauls DR.

3. Mailing Address

same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Brandon FL.

City & State

4. FEI Number

59-2881186

Applied For

Not Applicable

Zip

33511

Country

US

Zip

33511

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

Larry Bailey

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

112 Pauls DR.

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

Pres.

Larry Bailey

112 Pauls DR.

Brandon FL. 33511

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

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TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

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IN THIS SPACE**

12. 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 10 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 #

4-26-03 813-666-4421

CR2E034B (12/02)