

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 21, 2003 8:00 am
Secretary of State

01-21-2003 90038 041 ***150.00

DOCUMENT # L29168

1. Entity Name
TRANSPORTATION EQUIPMENT SPECIALISTS, INC.



Principal Place of Business
C/O DANNY R. BARLOW
11637 CAMDEN RD.
JACKSONVILLE FL 32218

Mailing Address
P.O BOX 351089
JACKSONVILLE FL 32235

2. Principal Place of Business
Jacksonville Florida

3. Mailing Address
PO Box 351089

Suite, Apt. #, etc.
11637 Camden Rd

Suite, Apt. #, etc.

City & State
Jacksonville FL

City & State
Jacksonville FL

Zip
32218

Country
DUVAL

Zip
32235

Country
DUVAL



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-2978636**

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

BARLOW, DANNY
11637 CAMDEN RD
JACKSONVILLE FL 32218

7. Name and Address of New Registered Agent

Name **Danny Barlow**
Street Address (P.O. Box Number is Not Acceptable)
11637 Camden Rd
City **Jacksonville** **FL** Zip Code **32218**

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 **1-16-03**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
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	PD BARLOW, DANNY RAY 11637 CAMDEN RD JACKSONVILLE FL 32218 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **SIGNATURE REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-16-03 **904-751-0333**
Date Daytime Phone #

CR25034 (10/02)