## 2003 FOR PROFIT CORPORATION

## Jan 16, 2003 8:00 am Secretary of State **UNIFORM BUSINESS REPORT (UBR** DOCUMENT # P00000014718 1. Entity Name 01-16-2003 90094 020 \*\*\*150.00 ACME TRAILER SERVICES, INC. Principal Place of Business Mailing Address 4297 DILLION ST Danatant P.O. BOX 60457 JACKSONVILLE FL 32205 JACKSONVILLE FL 32236-0457 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number Applied For 59-3630294 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name PLEIMAN, THOMĀŠ Ć JR and with the second of the sec Street Address (P.O. Box Number is Not Acceptable) 9471 BAYMEADOWS RD JACKSONVILLE FL 32256 City 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. I am familiar with, and accept SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Make Check Payable to Florida Department of State Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME DUNCAN, DANIEL NAME STREET ADDRESS 11506 ASHLEY MANOR WAY STREET ADDRESS CITY-ST-ZIP JACKSONVILLE FL 32236 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME BAKER, KEITH NAME STREET ADDRESS 4557 RAMONA BLVD. STREET ADDRESS CITY-ST-7IP JACKSONVILLE FL 32205 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME RAFFERTY, JENNIFER NAME STREET ADDRESS .6307,.4TH.AVE. STREET ADDRESS CITY-ST-ZIP KEYSTONE HEIGHTS FL 32656 CITY-ST-7IP ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-719 CITY-ST-ZIP

I hereby certify that the information supplied with the filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information of the corporation or the receiver or trusted exposured to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if

SIGNATURE:

<del>recun</del>red SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

all other like empowered.

Date

Daytime Phone #

**FILED**