**FILED** 

## 2002 Uniform Business Report (UBR)

changed, or on an attachment

SIGNATURE:

## Apr 02, 2002 8:00 am Secretary of State P00000024923 DOCUMENT # 1. Entity Name 04-02-2002 90062 043 \*\*\*158.75 PERFORMANCE TRAILER CENTER, INC. Principal Place of Business Mailing Address 1495 HILLSIDE DRIVE 1495 HILLSIDE DRIVE MULBERRY FL 33860 MULBERRY FL 33860 3. Mailing Address 2. Principal Place of Business Frontage Rd. 5205 N. Frontage 5205 Suite, Apt. #, etc. Suite. Apt. #. etc DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-3631766 akela Not Applicable Zip \$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 RENNER, STEVEN L Street Address (P.O. Box Number is Not Acceptable) 1495 HILLSIDE DRIVE MULBERRY FL 33860 City ement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. 8. The above named resident (NOTE: Registered Agent sig FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5,00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. (9/01) TITLE ☐ Delete TITLE Change ☐ Addition RENNER, STEVE NAME NAME 1495 HILLSIDE DRIVE 1700 Palmetto STREET ADDRESS STREET ADDRESS MULBERRY FL 33860 CITY-ST-7IP CITY-ST-7IP Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-\$T-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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