

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000072392

1. Entity Name

DISCOUNT TRUCK ACCESSORIES INC.

FILED
Jan 31, 2001 8:00 am
Secretary of State

01-31-2001 90041 026 ***150.00

Principal Place of Business 2661 HICKORY TREE ROAD ST CLOUD FL 34772	Mailing Address 2661 HICKORY TREE ROAD ST CLOUD FL 34772
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2. Principal Place of Business 1818 E. Irlo Bronson Hwy.	3. Mailing Address 1818 E. Irlo Bronson Hwy.
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Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State Kissimmee, FL	City & State Kissimmee, FL	4. FEI Number 59-3665993	Applied For <input type="checkbox"/> Not Applicable
Zip 34744-3726	Country	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent SWEENOR, JOSEPH M 2661 HICKORY TREE ROAD ST CLOUD FL 34772	7. Name and Address of New Registered Agent Name Thomas R. Asa Street Address (P.O. Box Number is Not Acceptable) 1818 E. Irlo Bronson Hwy City Kissimmee, FL Zip Code 34744-3726
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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 Thomas R. Asa (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. <input type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SWEENOR, JOSEPH M 2661 HICKORY TREE ROAD ST CLOUD FL 34772 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ASA, THOMAS R 2571 PARTAIN SETTLEMENT ROAD KISSIMMEE FL 34744 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP S/T D Julia M. Smith 1422 Serissa Ct. Orlando, FL 32818-5752 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Thomas R. Asa Pres. 1-23-01 407-846-9339
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)