2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P0000082979

1. Entity Name

TRAILER CONCEPTS AND ASSOCIATES, INC.

FILED Jan 22, 2003 8:00 am Secretary of State

01-22-2003 90135 042 ***150.00

Principal Place of Business 7202 E BROADWAY TAMPA FL 33619 Mailing Address P.O. BOX 76068 TAMPA FL 33675-1068									
2. Principal Place of Business 3. Mailing Address					1 (83)(83) (31 83)() BO()(88)() 85(() 80()(87	2604 10460 (1040 60)(// 10016 1611 1603		
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.			☐ CHECK HERE IF MAKING CHANGES			
City & State		City & State		4. 1	4. FEI Number 59-3667642		Applied For Not Applicable		
Zip	Country	Zip	Coun	Country 5.		Certificate of Status Desired	\$8.75 A Fee Requi	dditional	
6. Name and Address of Current Registered Agent					7. Name and Address of New Registered Agent				
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	i, Barney			Street Addres	ss (P.O. B	Box Number is Not Acceptable)	,		
7202 E. B	ROADWAY			ou doc / Idano					
tampa fl	. 33619							·	
. c			City		F	Zip Co	ode		
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									
After	ILE NOW!!! FEE IS \$150.00 May 1, 2003 Fee will be \$550.0 Payable to Florida Department	1			,	Section Campaign Financing Trust Fund Contribution.		.00 May Be ed to Fees	
10.		ND DIRECTORS	11.		AD	DDITIONS/CHANGES TO OFFICERS	AND DIRECTO	RS IN 11	
TITLE	PVD'	☐ Delete	TITLE				☐ Change	Addition	
NAME	HERNDON, BARNEY						3		
STREET ADDRESS CITY-ST-ZIP	P.O. BOX 76068 TAMPA FL 33675-1068			ET ADDRESS -ST-ZIP					
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2. 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 AND TYPED OR PRINTED NIME OF SIGNING OFFICER OR DIRECTOR

1-16-03 (813)684-5330

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Daytime Phone #