

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 06, 2002 8:00 am
Secretary of State

05-06-2002 90177 039 ***150.00

DOCUMENT # P01000067646

1. Entity Name

THE OCALA TRAILER COMPANY INC.

DO NOT WRITE IN THIS SPACE

647212

2. Principal Place of Business

4350 SW 89TH AVE

Suite, Apt. #, etc.

3. Mailing Address

4350 SW 89TH AVE

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

OCALA FL

City & State

OCALA FL

4. FEI Number

59-3727644

Applied For

Not Applicable

Zip

34481

Country

USA

Zip

34481

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

LARRY PRUITT

Street Address (P.O. Box Number is Not Acceptable)

4350 SW 89TH AVE

City

OCALA

FL

Zip Code

34481

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(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.
(See criteria on back) ☐

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

PRUITT, LARRY R
4350 SW 89TH AVE
OCALA FL 34481

P

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

CARSON, JOHN T
4350 SW 89TH AVE
OCALA FL 34481

V

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

CARSON, TYE D
4350 SW 89TH AVE
OCALA FL 34481

S

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

PRUITT, JUDY
4350 SW 89TH AVE
OCALA FL 34481

T

TITLE
NAME
STREET ADDRESS
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**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

LARRY PRUITT
President

Date

Daytime Phone #

CR2E034B (12/01)