

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 19, 2003 8:00 am
Secretary of State

03-19-2003 90162 012 ***150.00

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1. Entity Name
TRAIL ATV, INC.



Principal Place of Business
16901 SW 288TH STREET
HOMESTEAD FL 33030

Mailing Address
16901 SW 288TH STREET
HOMESTEAD FL 33030

2. Principal Place of Business

14100 S.W. 256 ST #1

3. Mailing Address

16901 S.W. 288 ST.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Princeton, FL

City & State

Homestead, FL

Zip

33032

Country

U.S.

Zip

33030

Country

U.S.

6. Name and Address of Current Registered Agent

GARCIA, HECTOR M
16901 SW 288TH STREET
HOMESTEAD FL 33030

7. Name and Address of New Registered Agent

Name

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

City

FL

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 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

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PTD ☐ Delete
NAME GARCIA, HECTOR M
STREET ADDRESS 16901 SW 288TH STREET
CITY-ST-ZIP HOMESTEAD FL 33030

TITLE SVD ☐ Delete
NAME GARCIA, ANNE M
STREET ADDRESS 16901 SW 288TH STREET
CITY-ST-ZIP HOMESTEAD FL 33030

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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:

Hector M. Garcia
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/12/03 (305) 258-7366
Date Daytime Phone #

CR2E034 (10/02)