

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 03, 2003 8:00 am
Secretary of State

02-03-2003 90141 006 ***150.00

DOCUMENT # P02000054402

1. Entity Name
TRT CARRIERS, INC.



Principal Place of Business
3395 LIGHTHOUSE POINT LANE
JACKSONVILLE FL 32250

Mailing Address
3395 LIGHTHOUSE POINT LANE
JACKSONVILLE FL 32250

22000390



2. Principal Place of Business

3131 ST JOHNS BLUFF RD

Suite, Apt. #, etc.

SUITE R

City & State
JACKSONVILLE, FL

Zip
32246

Country
USA

3. Mailing Address

3131 ST JOHNS BLUFF RD

Suite, Apt. #, etc.

SUITE R

City & State
JACKSONVILLE, FL

Zip
32246

Country
USA

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

03-0453374

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WILLIAMS, MICHAEL P

1331 ST. JOHNS BLUFF ROAD

JACKSONVILLE FL 32246

7. Name and Address of New Registered Agent

Name

MICHAEL P. WILLIAMS

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

3131 ST JOHNS BLUFF RD.

City

JACKSONVILLE

FL

Zip Code

32246

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]

MICHAEL P. WILLIAMS

1-6-03

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	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	P/D
STREET ADDRESS	THOMAS W. PIATAK
CITY-ST-ZIP	3131 ST JOHNS BLUFF RD.
	JACKSONVILLE, FL 32246
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	S/T/D
STREET ADDRESS	LORAH BARBER-ASHMORE
CITY-ST-ZIP	3131 ST. JOHNS BLUFF RD
	JACKSONVILLE, FL 32246
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	D/C
STREET ADDRESS	ALLEN J. STEELE
CITY-ST-ZIP	3131 ST JOHNS BLUFF RD
	JACKSONVILLE, FL 32246
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	VP
STREET ADDRESS	MICHAEL P. WILLIAMS
CITY-ST-ZIP	3131 ST JOHNS BLUFF RD
	JACKSONVILLE, FL 32246
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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:

[Signature] **MICHAEL P. WILLIAMS**

1-7-03

904 224 2006

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)