

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 10, 2003 8:00 am**  
**Secretary of State**

1/1

01-13-2003 90676 011 \*\*\*150.00

**DOCUMENT # P02000080818**

1. Entity Name  
**GLADIATOR CUSTOM TRAILERS, INC.**



Principal Place of Business  
**4755 N.W. 44TH AVE.  
OCALA FL 34482**

Mailing Address  
**4755 N.W. 44TH AVE.  
OCALA FL 34482**

00005358



2. Principal Place of Business  
**4775 NW 44th AVE**  
Suite, Apt. #, etc.

3. Mailing Address  
**4775 NW 44th AVE**  
Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State  
**OCALA, FL**

City & State  
**OCALA, FL**

4. FEI Number  
**54-2068004**

Applied For  
 Not Applicable

Zip  
**34482**

Country  
**MARION**

Zip  
**34482**

Country  
**MARION**

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**STAVOLA, ROBERT J  
4755 N.W. 44TH AVE.  
OCALA FL 34482**

Name  
**STAVOLA, ROBERT J.**  
Street Address (P.O. Box Number is Not Acceptable)  
**4775 NW 44th AVE.**

City  
**OCALA, FL** Zip Code  
**34482**

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]* DATE: **1-8-03**

**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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE <b>OWNER</b>	<input type="checkbox"/> Delete
NAME <b>ROBERT J STAVOLA</b>	
STREET ADDRESS <b>P.O. BOX 8</b>	
CITY-ST-ZIP <b>ANTHONY, FL. 32617</b>	
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"/> 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	
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)(l), 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 lives empowered.

SIGNATURE: *[Signature]* DATE: **1-8-03**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)