# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**
**May 16, 2003 8:00 am**
**Secretary of State**
04-28-2003 90281 034 ***150.00

JJ041J0J

DOCUMENT # P02000094530

1. Entity Name
FLORIDA TRAILERS INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 17617 SR 20 W SUITE 2<br>BLOUNTSTOWN FL 32424 | 17617 SR 20 W SUITE 2<br>BLOUNTSTOWN FL 32424 |

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| 17617 SR 20 W | 17617 SR 20 W |
| Suite, Apt. #, etc.<br>Suite 2 | Suite, Apt. #, etc.<br>Suite 2 |
| City & State<br>Blountstown FL | City & State<br>Blountstown |
| Zip<br>32424 | Country<br>CALHOUN |
| Zip<br>32424 | Country<br>CALHOUN |

☑ CHECK HERE IF MAKING CHANGES

4. FEI Number
02-0633457
☐ Applied For
☐ Not Applicable

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 |
|---|---|
| WOLFCALE, LEE<br>10483 NW GRAY RD<br>CLARKSVILLE FL 32430 | Name: Leo Davis<br>Street Address (P.O. Box Number is Not Acceptable): 10483 NW Gray Rd<br>City: Clarksville FL Zip Code: 32430 |

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] 4-9-03
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 | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
|---|---|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | P<br>WOLFCALE, LEE<br>10483 NW GRAY RD<br>CLARKSVILLE FL 32430 | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | P<br>Leo Davis<br>10483 NW Gray Rd<br>Clarksville FL 32430 | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | V<br>MCDANIEL, JAMIE<br>PO BOX 1096<br>BLOUNTSTWON FL 32424 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ~~S/T~~ Jean Foxworth<br>~~10434 NW Baggett Loop~~<br>~~Clarksville FL 32430~~ correction | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | S/T Jean Foxworth<br>10434 NW Baggett Loop<br>Clarksville FL 32430 | ☐ Change ☒ Addition |
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CR2E034 (10/02)

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] SIGNATURE REQUIRED 4-9-03 850-674-3222
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #