

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

FILED

03 NOV -5 AM 10:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # PD2000112793
Entity Name *Armstrong Trailer Mfg Co Inc.*



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
512 SE 32 court
Suite, Apt. #, etc.

3. Mailing Address
512 SE 32 court
Suite, Apt. #, etc.

REINSTATEMENT 03
DO NOT WRITE IN THIS SPACE

City & State
Fort Lauderdale, FL
Zip
33316
Country
US

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Fort Lauderdale, FL
Zip
33316
Country
US

4. FEI Number
Applied For
Not Applicable

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

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

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

3001 NE 47 ct
City
Fort Lauderdale FL Zip Code
33308

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

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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
NAME
STREET ADDRESS
CITY-ST-ZIP
*Pres.
Mark Harrison
3001 NE 47 ct
Fort Lauderdale, FL 33308*

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
*600024450826
11/05/03--01058--004 **150.00*

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

SIGNATURE: *Mark Harrison*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-3-03 9544679162
Date Daytime Phone #

CR2E0348 (12/02)

ARMSTRONG TRAILER MFG.

512 S.E. 32nd Court
Ft. Lauderdale, Fl. 33316
954-467-9162 Phone
954-467-9137 Fax

September 29, 2003

Re: Reinstatement Fee

To Whom It May Concern: This letter is to request to waive the \$ 600.00 fee, as we are a new business and did not receive our UBR (uniform business reports).

Please send reinstatement papers to my Accountant Alan Rosenthal C.P.A. PA at
3300 ~~330~~ University Drive Ste# 305 Coral Springs Fl. His Telephone number is 954-752-4013
You may speak with Alan or Jackie.

If you have any other questions or concerns please contact me at the number above or
Feel free to contact my accountant at the number provide above.

Thank-you so much for your help concerning this matter.

Sincerely,


Mark Harrison