

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 21, 2003 8:00 am
Secretary of State
04-21-2003 90302 035 ***150.00

0112692 AV

DOCUMENT # P26618

1. Entity Name
NATIONAL SEMI-TRAILER CORP.



Principal Place of Business
**6015 PARDEE ROAD
TAYLOR MI 48180**

Mailing Address
**7208 SAND LAKE ROAD
STE 202
ORLANDO FL 32819
US**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **38-2148290**

Applied For
Not Applicable

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

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
C/O CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND RD.
PLANTATION FL 33324**

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 **D** ☐ Delete
NAME **BROMLEY, RANDALL E**
STREET ADDRESS **7208 SANK LAKE ROAD SUITE 202**
CITY-ST-ZIP **ORLANDO FL**

TITLE **D** ☐ Delete
NAME **BROMLEY, JOSEPH C.**
STREET ADDRESS **3013 LINDENWOOD DR.**
CITY-ST-ZIP **DEARBORN MI**

TITLE **D** ☐ Delete
NAME **CLEMENTE, JOSEPH**
STREET ADDRESS **6015 PARDEE**
CITY-ST-ZIP **TAYLOR MI**

TITLE **S** ☐ Delete
NAME **GOSCHINSKI**
STREET ADDRESS **7208 SAND LAKE ROAD, SUITE 202**
CITY-ST-ZIP **ORLANDO FL 32819**

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
CITY-ST-ZIP

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

TITLE ☐ Change ☒ Addition
NAME **Dean J. Clemente**
STREET ADDRESS **7208 Sand Lake Road, Suite 202**
CITY-ST-ZIP **Orlando, FL 32819**

TITLE ☐ Change ☒ Addition
NAME **Scott Mackey**
STREET ADDRESS **7208 Sand Lake Road Suite 202**
CITY-ST-ZIP **Orlando, FL 32819**

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)

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CITY - ST - ZIP
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7208 SANK LAKE ROAD SUITE 202
ORLANDO FL

☐ Delete

TITLE
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STREET ADDRESS
CITY - ST - ZIP
D
Jc
72
Or

☒ Addition

TITLE
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STREET ADDRESS
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3013 LINDENWOOD DR.
DEARBORN MI

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D
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TAYLOR MI

☐ Delete

TITLE
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CITY - ST - ZIP

☐ Change

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ORLANDO FL 32819

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SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0112562
AV

CR2E034 (10/02)

Attachment
90095466
P26618