

2000 UNIFORM BUSINESS REPORT (UBR)

4/14

FILED

May 11, 2000 8:00 am
Secretary of State

04-14-2000 90129 035 ***150.00

DOCUMENT # P93000015348 ✓
Entity Name ABSOLUTE TRAILERS, INC.

Principal Place of Business 3324 7TH STR. CIR. W
PALMETTO FL 34221
Mailing Address 3324 7TH STR. CIR. W
PALMETTO FL 34221

000100

Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip **Country**

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip **Country**

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0400520
Applied For Not Applicable

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

6. Name and Address of Current Registered Agent
JANIGJELSET
3324 7TH STR. CIR. W
PALMETTO FL 34221

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** **Zip Code**

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.

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐
(See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

OFFICERS AND DIRECTORS

P	JANIGJELSET	<input type="checkbox"/> Delete
ST-ZIP	3324 7TH STR. CIR. W.	
	PALMETTO FL 34221	
		<input type="checkbox"/> Delete
		<input type="checkbox"/> Delete
		<input type="checkbox"/> Delete
		<input type="checkbox"/> Delete
		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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 11 or Block 12 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

JANIGJELSET

4/8-00 941-722-2347

Date

Daytime Phone #

Jan Gjelseth OFFICER

CR2E034 (9/99)