FILED

2001 UNIFORM BUSINESS REPORT (UBR)

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

SIGNATURE:

Aug 07, 2001 8:00 am Secretary of State **DOCUMENT #** P93000015348 1. Entity Name ABSOLUTE TRAILER, INC. 08-07-2001 90011 047 ***150 00 Principal Place of Business Mailing Address 3324 7TH STR CIR W 3324 7TH STR ÇIR W PALMETTO FL 34221 PALMETTO FL 34221 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 65-0400520 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name GJELSET, JANI Street Address (P.O. Box Number is Not Acceptable) 3324 7TH STR. CIR W. TALMETTO FL 34221 Zip Code FL 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, SIGNATURE (NOTE: Registered Agent signature required when reinstating) ~FILE NOW!!! FEE IS \$550.00 ---9. This corporation is eligible to satisfy its Intangible -10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After September 12, 2001 Fee will be \$750.00 Trust Fund Contribution. Added to Fees (See criteria on back) П Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. ☐ Addition TITLE Delete TITLE GJELSET, JAN NAME NAME STREET ADDRESS STREET ADDRESS 3324 7TH ST. CIRCLE WEST CITY-ST-7IP CITY-ST-ZIP PALMETTO FL 34221 TITLE ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Addition TITLE Change NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change ☐ Addition TITL F TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP 13. 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

To Uniform Business Repo. absolute Trailer, Inc. 3324 764. Cir Wi Pal. Fl-3422 FEI No. 65-0400520 I never received my first report That I had to pay 15000, Sol am sending 15000 now and how that you will lifeest this flag W the first file fee. I called 1/31/01 and talked to a Klish in Customer Service, they told me to unite aletter to you. Shank you Jan Wilsex