

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000083976

1. Entity Name  
C & S TRAILERS, INC.

**FILED**  
**Mar 02, 2000 8:00 am**  
**Secretary of State**

03-02-2000 90119 016 \*\*\*150.00

Principal Place of Business  
11040 W BEAVER ST  
JACKSONVILLE FL 32220  
US

Mailing Address  
11040 W BEAVER ST  
JACKSONVILLE FL 32220-1702  
US

2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

City & State

Zip Country

4. FEI Number **59-3403940**  
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

STOKES, CHARLES A  
11040 W BEAVER ST  
JACKSONVILLE FL 32220

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.

SIGNATURE

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  
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

## 11. OFFICERS AND DIRECTORS

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **VP**  
NAME **LONG, JAMES A**  
STREET ADDRESS **5364 RIVER FOREST DR.**  
CITY-ST-ZIP **JACKSONVILLE FL 32211**

TITLE  
NAME **STOKES, CHARLES A**  
STREET ADDRESS **50 N Chaffee Rd**  
CITY-ST-ZIP **JAX, FLA 32220**

TITLE **ST**  
NAME **STOKES, CHARLES E**  
STREET ADDRESS **11040 W BEAVER ST**  
CITY-ST-ZIP **JACKSONVILLE FL**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **President**  
NAME **Charles A. Stokes**  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 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

**Charles E. Stokes**

Date

**1/3/00**

Daytime Phone #

**7864161**

CR2E034 (9/99)