

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000090566

1. Entity Name:

INNOVATIVE TRUCK PRODUCTS, INC.

FILED
May 25, 2001 8:00 am
Secretary of State

05-25-2001 90286 008 ***150.00

Principal Place of Business

35 SE HOLLY ST.
HIGH SPRINGS FL 32655

Mailing Address

P.O. BOX 1736
HIGH SPRINGS FL 32655

2. Principal Place of Business

3. Mailing Address

P.O. Box 1103

Suite, Apt. #, etc.

City & State

Live Oak FL

Zip

36064

Country

USA

4. FEI Number

59-3412566

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HARTSFIELD, BRADLY M
35 SE HOLLY ST.
HIGH SPRINGS FL 32655

7. Name and Address of New Registered Agent

Name: Bradly M. Hartsfield
Street Address (P.O. Box Number is Not Acceptable)
941 N. Ohio Ave

City: Live Oak FL Zip Code: 32064

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 Bradly M. Hartsfield

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

(NOT: Registered Agent signature required when reinstating)

Bradly M. Hartsfield 5-22-01

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, 2001 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

TITLE	P	<input type="checkbox"/> Delete
NAME	HARTSFIELD, BRADLY M	
STREET ADDRESS	35 SE HOLLY ST	
CITY-ST-ZIP	HIGH SPGS FL	
TITLE	VP	<input type="checkbox"/> Delete
NAME	HARTSFIELD, LINDA K	
STREET ADDRESS	35 SE HOLLY ST	
CITY-ST-ZIP	HIGH SPGS FL	
TITLE	S	<input type="checkbox"/> Delete
NAME	WILSON, PAM	
STREET ADDRESS	P.O. BOX 1103	
CITY-ST-ZIP	LIVE OAK FL 32064	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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	

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:

Bradly M. Hartsfield

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-22-01 386-362-5337

Date

Daytime Phone #

CR2E034 (10/00)