

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
Feb 19, 2003 8:00 am  
Secretary of State

02-19-2003 90165 026 \*\*\*150.00

DOCUMENT # **P97000046966**



1. Entity Name  
**NORTH FLORIDA TRAILER LEASING, INC.**

Principal Place of Business  
**ROUTE 2 BOX 1284  
MADISON FL 32340**

Mailing Address  
**ROUTE 2 BOX 1284  
MADISON FL 32340**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business  
**415 NE CLOVER AVE**  
Suite, Apt. #, etc.

3. Mailing Address  
**415 NE CLOVER AVE**  
Suite, Apt. #, etc.

City & State  
**MADISON, FL**

City & State  
**MADISON, FL**

4. FEI Number **59-3447081**

Applied For  
 Not Applicable

Zip **32340** Country **USA**

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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

**PLACZKOWSKI, JOHN J  
1728 MORNINGSIDE DRIVE  
MIDDLEBURG FL 32068**

Name  
Street Address (P.O. Box Number is Not Acceptable)  
**1794 LAKE MONT CIR**  
City **Middleburg** FL Zip Code **32068**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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 NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>PLACZKOWSKI, JOHN J.</b> <b>1728 MORNINGSIDE DRIVE</b> <b>MIDDLEBURG FL 32068</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Placzkowski, John J.</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>1794 LAKE MONT CIR.</b> <b>MIDDLEBURG FL 32068</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 REQUIRED** **18 FEB 03** **850-971-5362**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)