

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2003 8:00 am
Secretary of State

04-24-2003 90139 039 ***150.00

DOCUMENT # P97000082431

1. Entity Name
TURTLE KING TRAILERS INC.



Principal Place of Business
**1708 CAPITAL CIRCLE NE
TALLAHASSEE FL 32308**

Mailing Address
~~PO BOX 1770~~
~~GRANDFORDVILLE FL 32320~~



2. Principal Place of Business

3. Mailing Address

1708 Capital Circle NE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
Tallahassee FL

4. FEI Number **59-3479672**

Applied For

Not Applicable

Zip

Country

Zip
32308

Country

LEON

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

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**DAVIS, HUGH C
1708 CAPITAL CIRCLE NE
TALLAHASSEE FL 32308**

7. Name and Address of New Registered Agent

Name **NITA DAVIS**
Street Address (P.O. Box Number is Not Acceptable)
1708 Capital Circle NE
City **Tallahassee** **FL** Zip Code **32308**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **VP** ☒ Delete
NAME **DAVIS, HUGH C**
STREET ADDRESS **1708 CAPITAL CIRCLE NE**
CITY-ST-ZIP **TALLAHASSEE FL 32308**

☐ Change ☐ Addition
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **P** ☐ Delete
NAME **DAVIS, NITA**
STREET ADDRESS **1708 CAPITAL CIRCLE NE**
CITY-ST-ZIP **TALLAHASSEE FL 32308**

☐ Change ☐ Addition
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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: **NITA DAVIS**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-16-03 **850 942 9992**
Date Daytime Phone #

CR2E034 (10/02)