

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000036795

1. Entity Name

TRAILBLAZER EQUIPMENT CORPORATION

FILED
May 02, 2000 8:00 am
Secretary of State

05-02-2000 90048 035 ***150.00

Principal Place of Business

Mailing Address

7909 PROFESSIONAL PLACE
TAMPA FL 33637

7909 PROFESSIONAL PLACE
TAMPA FL 33637-6747

2. Principal Place of Business

7102 Interbay Blvd
Suite, Apt. #, etc.

3. Mailing Address

7102 Interbay Blvd
Suite, Apt. #, etc.

City & State

Tampa FL

City & State

Tampa FL

4. FEI Number

58-2387724

Applied For

Not Applicable

Zip

33616

Country

USA

Zip

33616

Country

USA

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HAGGLUND, PAUL H ESQ.
7909 PROFESSIONAL PLACE
TAMPA FL 33637

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

7102 Interbay Blvd

City

Tampa

FL

Zip Code

33616

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

TITLE	P ST	<input type="checkbox"/> Delete
NAME	HAGGLUND, PAUL H	
STREET ADDRESS	7909 PROFESSIONAL PLACE	
CITY-ST-ZIP	TAMPA FL 33637 33616	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	HAGGLUND, SUSAN	
STREET ADDRESS	7909 PROFESSIONAL PLACE	
CITY-ST-ZIP	TAMPA FL 33637	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	HAGGLUND, SUSAN	
STREET ADDRESS	7909 PROFESSIONAL PLACE	
CITY-ST-ZIP	TAMPA FL 33637	
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:

Paul H Hagglund, Pres 4-23-00 813 831 9501

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)