

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000039978

1. Entity Name

TRAILBLAZER MANUFACTURING CORPORATION

Principal Place of Business

7909 PROFESSIONAL PLACE
TAMPA FL 33637

Mailing Address

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
Zip 33616 Country USA

City & State

Tampa FL
Zip 33616 Country USA

4. FEI Number

58-2387726

Applied For

Not Applicable

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 33605

7. Name and Address of New Registered Agent

Name Paul Hagglund
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 Paul Hagglund Paul Hagglund 4-23-00
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
NAME HAGGLUND, PAUL H
STREET ADDRESS 7909 PROFESSIONAL PLACE
CITY-ST-ZIP TAMPA FL 33637 ☐ Delete

TITLE ST
NAME HAGGLUND, SUSAN
STREET ADDRESS 7909 PROFESSIONAL PLACE
CITY-ST-ZIP TAMPA FL 33637 ☒ Delete

TITLE P ST
NAME Hagglund, Paul
STREET ADDRESS 7102 Interbay Blvd
CITY-ST-ZIP Tampa FL 33616 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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

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 Hagglund Pres. 4-23-00 8138319501
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #



DO NOT WRITE IN THIS SPACE

CR2E034 (9/99)