

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 18, 2003 8:00 am
Secretary of State

04-18-2003 90140 001 ***150.00

DOCUMENT # P98000047313

1. Entity Name
CORNERSTONE TRAILER SERVICES, INC.



Principal Place of Business
8253 SHERRY ANN LANE
JACKSONVILLE FL 32220

Mailing Address
POST OFFICE BOX 16952
JACKSONVILLE FL 32245-6952

2. Principal Place of Business
6408 South County Rd 229

3. Mailing Address
6408 South County Rd 229

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Glen St Mary FL

City & State
Glen St Mary FL

4. FEI Number
59-3513450

Applied For
Not Applicable

Zip
32040

Country
Baker

Zip
32040

Country
Baker

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

☒ **CHECK HERE IF MAKING CHANGES**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WILLIAMS, MATTHEW D
8550 MAXVILLE BLVD
JACKSONVILLE FL 32234

Name

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

City

FL

Zip Code

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

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 ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
PVTD
NAME
WILLIAMS, MATTHEW D
STREET ADDRESS
8253 SHERRY ANN LANE
CITY-ST-ZIP
JACKSONVILLE FL 32220

TITLE
PVTD
NAME
Williams Matthew D
STREET ADDRESS
6408 South County Rd 229
CITY-ST-ZIP
Glen St Mary FL 32040

TITLE
SD
NAME
WILLIAMS, REGINA M
STREET ADDRESS
8253 SHERRY ANN LANE
CITY-ST-ZIP
JACKSONVILLE FL 32220

TITLE
SD
NAME
Williams Regina M
STREET ADDRESS
6408 South County Rd 229
CITY-ST-ZIP
Glen St Mary FL 32040

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Matthew D Williams

4/15/03

Date

215-4691

Daytime Phone #

0036020 AV