

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 10, 2001 8:00 am
Secretary of State

05-10-2001 90162 027 ***150.00

DOCUMENT # P98000086086

1. Entity Name
RACK-IT TRUCK RACKS INC.

Principal Place of Business
**1700 HERCULES AVE NORTH
 CLEARWATER FL 34668
 US**

Mailing Address
**9811 SAN SABASTIAN WAY
 PORT RICHEY FL 34668**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
30904 STATE ROAD 52

3. Mailing Address
30904 STATE ROAD 52

City & State
SAN ANTONIO, FL

City & State
SAN ANTONIO, FL

4. FEI Number **59-3536542**

Applied For
 Not Applicable

Zip Country
33576 USA

Zip Country
33576 USA

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

**GRAHAM, DAVID
 9811 SAN SABASTIAN WAY
 PORT RICHEY FL 34668**

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.

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

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, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GRAHAM, DAVID 9811 SAN SABASTIAN WAY PORT RICHEY FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO GRAHAM, ADRIENNE 9811 SAN SEBASTIAN WAY PORT RICHEY FL	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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: *David Graham* **DAVID GRAHAM**

Date **4/30/01** Daytime Phone # **352-588-2535**

CR2E034 (10/00)