

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000032017

1. Entity Name

TRAIL RIDGE TOWING, INC

FILED
Jan 18, 2000 8:00 am
Secretary of State

01-18-2000 90011 014 ***150.00

Principal Place of Business

Mailing Address

3492 TRAIL RIDGE RD
MIDDLEBURG FL 32068

3492 TRAIL RIDGE RD
MIDDLEBURG FL 32068-3340

2. Principal Place of Business

3558 TRAIL RIDGE RD.

3. Mailing Address

P.O. BOX 364

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIDDLEBURG, FL.

City & State

MIDDLEBURG, FL.

4. FEI Number

59-3568900

Applied For

Not Applicable

Zip

32068

Country

CLAY

Zip

32050-0364

Country

CLAY

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

6. Name and Address of Current Registered Agent

WITT, JOHN H
3558 TRAIL RIDGE RD
MIDDLEBURG FL 32068

7. Name and Address of New Registered Agent

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

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 PD
NAME STOKES, WILLIAM A
STREET ADDRESS 3492 TRAIL RIDGE RD
CITY-ST-ZIP MIDDLEBURG FL 32068 ☐ Delete

TITLE VPD
NAME WITT, JOHN H
STREET ADDRESS 3558 TRAIL RIDGE RD
CITY-ST-ZIP MIDDLEBURG FL 32068 ☐ 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

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

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

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: *John H. Witt* REQUIRE JOHN H. WITT 1-5-00 (904)282-7777
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #