

2000 UNIFORM BUSINESS REPORT (UBR)

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

05-02-2000 90013 017 ***150.00

DOCUMENT # P99000091212

1. Entity Name

FLORIDA MANUFACTURED TRANSPORTATION & SET-UP, IN

Florida Manufactured Set-Up, Inc

Principal Place of Business

Mailing Address

POST OFFICE BOX 604
 KATHLEEN FL 33849

POST OFFICE BOX 604
 KATHLEEN FL 33849-0604

2. Principal Place of Business

104 W. Reynolds St.,

3. Mailing Address

P.O. Box 604

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 13

City & State
Plant City FL

City & State
Kathleen, FL

4. FEI Number

59-3603325

Applied For

Not Applicable

Zip
33566

Country
U.S.A.

Zip
33849

Country
U.S.A.

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

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

Name
Wanda L. Willis "Jean"

Street Address (P.O. Box Number is Not Acceptable)
4690 Deeson Road

City
Lakeland

FL

Zip Code
33810

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 *Wanda L. Willis* *Wanda L. Willis*

04/24/00

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE *President* ☐ Delete
 NAME **WILLS, TIMOTHY C**
 STREET ADDRESS **POST OFFICE BOX 604**
 CITY-ST-ZIP **KATHLEEN FL 33849**

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

TITLE *Vice-President* ☐ Delete
 NAME **WILLS, WANDA L**
 STREET ADDRESS **POST OFFICE BOX 604**
 CITY-ST-ZIP **KATHLEEN FL 33849**

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 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: *Wanda L. Willis* *Wanda L. Willis* *04/24/00* *707-8997*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)