

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 90185 030 ***150.00

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DOCUMENT # P99000102784

1. Entity Name
M & R CUSTOM TRAILERS, INC.



Principal Place of Business
**10477 NEW KING'S RD.
JACKSONVILLE FL 32219**

Mailing Address
**P.O. BOX 84
JACKSONVILLE FL 32219**



2. Principal Place of Business
8544 103rd St.
Suite, Apt. #, etc.

3. Mailing Address
8544 103rd St.
Suite, Apt. #, etc.

City & State
Jacksonville, FL

City & State
Jacksonville, FL

4. FEI Number
59-3611573

Applied For
☐ Not Applicable

Zip Country
32210 U.S.A.

Zip Country
32210 U.S.A.

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

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**ADKINS, VIRGIL M
10477 NEW KING'S RD.
JACKSONVILLE FL 32207**

7. Name and Address of New Registered Agent

Name
Raymond O. Capenart, Jr.
Street Address (P.O. Box Number is Not Acceptable)
8544 103rd Street
City **Jacksonville** FL Zip Code **32210**

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: **Raymond O. Capenart Jr.**

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

10. OFFICERS AND DIRECTORS

TITLE **PDVD** ☒ Delete
NAME **ADKINS, VIRGIL M**
STREET ADDRESS **10477 NEW KING'S RD.**
CITY-ST-ZIP **JACKSONVILLE FL 32207**

TITLE **STD** ☒ Delete
NAME **ADKINS, MARY C**
STREET ADDRESS **10477 NEW KING'S RD.**
CITY-ST-ZIP **JACKSONVILLE FL 32207**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **President** ☐ Change ☒ Addition
NAME **Raymond O. Capenart, Jr.**
STREET ADDRESS **4136 Collins Road**
CITY-ST-ZIP **Jacksonville, FL 32244**

TITLE **Vice President** ☐ Change ☒ Addition
NAME **Douglas S. Meyer**
STREET ADDRESS **7953 Guerdon Drive North**
CITY-ST-ZIP **Jacksonville, FL 32210**

TITLE **Corporate Secretary** ☐ Change ☒ Addition
NAME **Heidi Capenart**
STREET ADDRESS **4136 Collins Road**
CITY-ST-ZIP **Jacksonville, FL 32244**

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

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

TITLE ☐ Change ☐ Addition
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:

Raymond O. Capenart Jr.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-24-03
Date

904-777-0963
Daytime Phone #

CR2E034 (10/02)