

FILED
May 08, 2002 8:00 am
Secretary of State

05-08-2002 90125 025 ***150.00

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # **P99000109483** ✓
1. Entity Name **Trailer Connection Inc**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
16336 N. Florida Av.
Suite, Apt. #, etc.

3. Mailing Address
16336 N. Florida Av.
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
LUTZ, FL
Zip
33549 Country
USA

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4. FEI Number
59-3616729
Applied For
Not Applicable

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

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
JAN I. DOWNING
Street Address (P.O. Box Number is Not Acceptable)
16336 N. Florida Ave
City
LUTZ FL Zip Code
33549

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) ☐

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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 NAME STREET ADDRESS CITY - ST - ZIP	President Hartford D. Downing 17580 Cedarwood Loop Lutz, FL 33549
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V. President / Sec Jan I. Downing 17580 Cedarwood Loop LUTZ, FL 33549
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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/29/02 **813**
269-7333

CR2E034B (12/01)