

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S00664

1. Entity Name

TRAILER SERVICE, INC.

FILED

May 04, 2001 8:00 am  
Secretary of State

05-04-2001 90097 028 \*\*\*150.00

Principal Place of Business

1213 17TH AVENUE  
TAMPA FL 33605

Mailing Address

1213 17TH AVENUE  
TAMPA FL 33605

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Tampa, FL

Tampa, FL

Zip 33675 Country Hills

Zip 33675 Country Hills

4. FEI Number 59-3036035

Applied For

Not Applicable

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

BAKER, RONALD T.  
1213 17TH AVENUE  
TAMPA FL 33605

Name

Ronald T. Baker

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

5508 N. 50th St. Unit #64

City

Tampa

FL

Zip Code

33610

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, 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	PTD	<input type="checkbox"/> Delete
NAME	BAKER, RONALD T.	
STREET ADDRESS	1213 17TH AVENUE	
CITY-ST-ZIP	TAMPA FL	
TITLE	VSD	<input type="checkbox"/> Delete
NAME	BAKER, GAIL D.	
STREET ADDRESS	1213 17TH AVENUE	
CITY-ST-ZIP	TAMPA FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PTD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Baker, Ronald T.	
STREET ADDRESS	5508 N. 50th ST. Unit #64	
CITY-ST-ZIP	Tampa, FL 33610	
TITLE	VSD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Baker, Gail D.	
STREET ADDRESS	5508 N. 50th ST. Unit #64	
CITY-ST-ZIP	Tampa, FL 33610	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

GAIL D. BAKER

Date

4/26/01

Daytime Phone #

813-221-4218

CR2E034 (10/00)