[redacted]

03-17-2003 90690 047 ***150.00

FILED S00664

07 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

03 JUN -4 PM 2:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

[redacted]

copy

55039307

DOCUMENT # S 00664

1. Entity Name
TRAILER SERVICE, INC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc	PO BOX 47358 Suite, Apt. #, etc.
City & State	City & State: TAMPA FL
Zip / Country	Zip: 33675 Country: USA

DO NOT WRITE IN THIS SPACE

4. FEI Number: 59-3036035 — Applied For / Not Applicable

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

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7. Name and Address of Current Registered Agent

Name: Ronald Baker

Street Address (P.O. Box Number is Not Acceptable): 1435 Busch Blvd Suite D

City: Tampa FL Zip Code: 33612

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when reinstating.

January 1 - May 1: Fee is $150.00
After May 1: Fee is $300.00
Amended UBR is $61.25
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	PRESIDENT
NAME	RONALD BAKER
STREET ADDRESS	PO BOX 47358
CITY-ST-ZIP	TAMPA FL 33675
TITLE	SEC/TREAS
NAME	GAIL BAKER
STREET ADDRESS	PO BOX 47358
CITY-ST-ZIP	TAMPA, FL 33675
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

CR2E034B (12/02)

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

SIGNATURE: Ronald T. Baker 3-10-03 813-221-4218
SIGNATURE AND TYPED OR PRINTED NAME OF REQUIRED OFFICER OR DIRECTOR — Date — Daytime Phone #

Kathy Ashton

6/9