2002 UNIFORM BUSINESS REPORT (UBR)

318436

DOCUMENT #

1. Entity Name

FILED Apr 09, 2002 8:00 am Secretary of State 04-09-2002 91159 036 ***150.00

CARGO SERVICE STATIONS INC											
Principal Pla	ce of Busines	s	Mailing Address						1	JUUDI	AHO
205 S. HOOV	ÆR .		205 S. HOOVER								•
TAMPA FL 3	3609		TAMPA FL 33609								
		<u> </u>	3. Mailing Address								
2. Principal			1 (40)31 (141 (100) (211) (141			M MALL PERFECT	ISBST MIZET MIZEL I	italia Arest (A&)			
Suite, Apt	t. #, etc.		Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE				
City & Sta	ite	•	City & State	City & State			4. FE	59-1201356		<u> </u>	oplied For ot Applicable
Zip	·	Country	Zip	try		5. Ce	ertificate of Status Desired		\$8.75 Ad	ditional ed	
B. Name and Address of Current Registered Agent							7. Na	ime and Address of New Re	gistered		
						ame					
-HUGHEY; MIKE					Street A	nt Address (P.O. Box Number is Not Acceptable)					
205 S HOOVER ST.											
TAMPA FI											
					City				FL	Zip Cod	e
8. The above	e named entit	y submits this statement for	the purpose of changing its	registere	ed office o	r registered	d ager	nt, or both, in the State of Flor	rida.		
SIGNATURE											
orona rouge	Signature, typed	or printed name of registered agent ar	d tide if applicable. (NOTE	, Registere	Agent signs	ture required wi	han reins	stating)	DATE		
Tax filing		ible to satisfy its Intangible and elects to do so.	FILE NOW!!! FEE IS \$150.00 After May 1, 2002 Fee will be \$550.00 Make Check Payable to Department of Sta			550.00		10. Election Campaign Fina Trust Fund Contribution			O May Be I to Fees
11.		OFFICERS AND D	IRECTORS	12.			ADD	ITIONS/CHANGES TO OFFI	CERS AND	DIRECTOR	S IN 11
TITLE	VD	_	☐ Delete	TITLE						☐ Change	Addition
NAME STREET ADDRESS	FARMER,	JD OVER ST #400		NAME	et address	l					
CITY-ST-ZIP	TAMPA FL				ST-ZIP	ł					{
TITLE	PD		☐ Delete	TITLE	-					☐ Change	Addition
NAME	HUGHEY,	MIKE		NAME		ĺ					[
STREET ADDRESS	205 S HO	over St			ET ADDRESS	}					
CITY-ST-ZIP	TAMPA, FL	_ 00000		_	ST-ZIP	 					
TITLE NAME	SD Carter, S	suibi EV	☐ Delete	TITLE		1				Change	Addition
STREET ADDRESS	205 \$ HO				ET ADDRESS	ŧ					
CITY-ST-ZIP	TAMPA, FL			спу-	ST-ZIP	[·			
TITLE	T		Delete	TITLE						☐ Change	Addition
NAME		WANITA M.		NAME					-	<u>-</u> -	
STREET ADDRESS CITY-ST-ZIP	205 S. HO TAMPA FL	UVER ST.			T ADDRESS St-Zip	i					
TITLE	VASD		Delete	TITLE		 	_	 _		☐ Change	Addition
NAME	BROWNE,	DAN	CA DEIGRE	NAME		1				□ wanga	
STREET ADDRESS		OVER ST #400			T ADDRESS						}
CITY-ST-ZIP	TAMPA FL			CITY-	ST-ZIP	<u> </u>					
TITLE	V		☐ Delate	TITLE		VP				X Change	☐ Addition
NAME		R CAROLYN		NAME	T ADDRESS	1					}
STREET ADDRESS CITY-ST-ZIP	1205 S HUC TAMPA FL	OVER ST #400			ST-ZIP	ł					

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: