

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# G58215

FILED
Apr 15, 2002 8:00 AM
Secretary of State

Entity Name: MOODY TRUCK CENTER, INC.

Current Principal Place of Business:

833 PICKETVILLE ROAD
JACKSONVILLE, FL 32220

New Principal Place of Business:

Current Mailing Address:

PO BOX 10095
JACKSONVILLE, FL 322470095

New Mailing Address:

FEI Number: 59-2320254

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MOODY, R.M.
833 PICKETVILLE ROAD
JACKSONVILLE, FL 32220

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).

Election Campaign Financing Trust Fund Contribution ()

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: MOODY, R.M.
Address: 6757 POTTSBURG DR
City-St-Zip: JACKSONVILLE, FL

Title: DV () Delete
Name: MORAN, D. E.M.,
Address: 2300 RIVER ROAD
City-St-Zip: JACKSONVILLE, FL

Title: DV () Delete
Name: THROOP, E.J.M.,
Address: 13846 ATLANTIC BLVD.
City-St-Zip: JACKSONVILLE, FL

Title: VP () Delete
Name: MOODY, R.M. JR.
Address: 8351 NEWTON ROAD
City-St-Zip: JACKSONVILLE, FL

Title: VP () Delete
Name: MOODY, JOHN C.
Address: 14840 PLUMOSA DRIVE
City-St-Zip: JACKSONVILLE, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DC (X) Change () Addition
Name: MOODY, R.M.
Address: 6757 POTTSBURG DR
City-St-Zip: JACKSONVILLE, FL

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: P (X) Change () Addition
Name: MOODY, R.M. JR.
Address: 8351 NEWTON ROAD
City-St-Zip: JACKSONVILLE, FL

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: R M MOODY

DC

04/15/2002

Electronic Signature of Signing Officer or Director

Date