2002 UNIFORM BUSINESS REPORT (UBR)

H99411

WARREN PEARCE TRUCK BROKERS, INC.

DOCUMENT #

1. Entity Name

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NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME PEARCE, PATTY STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP STREET ADDRE	• • • •	*			· .					
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US 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. City & State Country Zip Country Zip Country Zip Country S. Curificate of Status Desired B. 75 Apt. # osc. A. FEI Number: 59-2628834 A FEI Number: 59-2628834	P.O. BOX 1477		P O BOX 1477				B012	5958		
Suite, Apt. #, etc. Suite, Apt. #, etc. Suite Suite, Apt. #, etc.	US		US							
City & State Scriptificate of Status Desired FREQuied FREQU	2. Principa	l Place of Business	3. Mailing Address	• .	• •	1 1001017 01		iset iisi eteli é		atalı esbililəri
Zip Country Zip Country S. Certificate of Seaux Desired Seaux Desired Country Sea. 75 Additional February 7. Name and Address of Ever Registered Agent 7. Name and Address of New Registered Agent 7. Name Address	Suite, Ap	ol. #, etc.	Suite, Apt, #, etc.				DO NOT WR	ITE IN THIS	SPACE	ري.
Signature and Address of Current Registered Agent Street Address (P.O. Box Number is Not Acceptable) PEARCE PATTY Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code City Tip Code	City & St	ate	City & State		4. FEI Number	59-2628834	1			
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Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) City FL Zo Code 6. The above partied entity, pubmits this statement for the purpose of changing its registered diffice or registered agent, or both, in the State of Florida. SIGNATURE (SIGNATURE)		- 6. Name and Address of Current R	egistered Agent 📶 🧸 💷	• • • •		7. Name and A	ddress of New I	Registered		
Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	PEARCE	PATTY			Name					<u> </u>
E. The above partied enthyspubmits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SiGNATURE	•				Street Address (P.C	D. Box Number i	is Not Acceptabl	e)		
B. The above earthed enths submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SiGNATURE	LAKE HA	MILTON FL 33851								
SIGNATURE					City	· · · · · · · · · · · · · · · · · · ·		FL	Zip Co	de
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Make Check Payable to Department of State Trust Fund Contribution. \$5.00 May Be Added to Fees Added to Fees Addition Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ITILE PARCE, WARREN Delete Trust Addition MAKE SITE TARGES Trust ADDRESS MAKE ADDRESS MAKE ADDRESS Trust ADDRESS MAKE ADDRESS MAKE ADDRESS Trust ADDRESS MAKE ADDR	8. The abov	e named entity submits this statement for t	ne purpose of changing its	s registered	d office or registered	agent, or both.	in the State of Fi	orida.		
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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 the property of changed, or on an attachment will

SIGNATURE AND TYPED OR ABBITTED MAKE OF SIGNING OFFICER OR DIRECTOR

1-28-02

82-439-7691