

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 19, 2003 8:00 am
Secretary of State

03-19-2003 90104 036 ***150.00

DOCUMENT # P01000007411

1. Entity Name
S C LEPIERE TRUCKING, INC.



Principal Place of Business
**3318 15TH ST. WEST
LEHIGH ACRES FL 33971-5312**

Mailing Address
**3318 15TH ST. WEST
LEHIGH ACRES FL 33971-5312**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-1071370**

Applied For

Not Applicable

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

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**PIERCE, STEPHEN
3318 15TH ST W.
LEHIGH ACRES FL 33971**

Name **STEPHEN C. LE PIERE**

Street Address (P.O. Box Number is Not Acceptable)
3318 15th ST. WEST

Lehigh ACRES

City

FL

Zip Code

33971

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 **Stephen C. LePiere President**

(NOTE: Registered Agent signature required when reinstating)

DATE

3/17/03

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME **PD**
STREET ADDRESS **LEPIERE, STEPHEN C**
CITY-ST-ZIP **3318 15TH ST. WEST
LEHIGH ACRES FL 33971-5312**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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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 Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE: **STEPHEN C. LE PIERE - 3/17/03 239-565-4197**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **President** Date Daytime Phone #

CR2E034 (10/02)