2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State
04-28-2003 90956 018 ***150.00

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DOCUMENT # P01000023655

1. Entity Name
NEW YORK MINUTE TRUCKING, INC.

Principal Place of Business	Mailing Address
2263 NW BOCA RATON BLVD ~~#100~~ 103	2263 NW BOCA RATON BLVD ~~#103~~ 103
BOCA RATON FL 33431	BOCA RATON FL 33431

11020683

2. Principal Place of Business	3. Mailing Address
3100 NW Boca Raton Blvd.	3100 NW Boca Raton Blvd.
Suite, Apt. #, etc. 401	Suite, Apt. #, etc. 401
City & State Boca Raton, Fl	City & State Boca Raton, Fl
Zip 33431 Country Palm Bch	Zip 33431 Country Palm Bch

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 65-0698788 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

SCHUTTLER, HOLLY D
5355 TOWN CAUTER ROAD STE 801
BOCA RATON FL 33486

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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

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 Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SCHULTLER, HOLLY D 5355 TOWN CENTER RD #801 BOCA RATON FL 33486	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SchuTTLER, John 3100 NW Boca Raton Blvd - 401 Boca Raton, Fl 33431	☐ Change ☑ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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: SIGNATURE REQUIRED John Schuttler (President) 4/21/03 (561) 391-9094
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)