

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2001 8:00 am
Secretary of State

05-02-2001 90084 024 ***150.00

DOCUMENT # P97000022654

1. Entity Name
CLASS A TRUCKING, INC.

Principal Place of Business
**595 11TH STREET N.W.
 NAPLES FL 34120**

Mailing Address
**595 11TH STREET N.W.
 NAPLES FL 34120**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3445767**

Applied For
 Not Applicable

Zip Country

Zip Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BROWN, KAREN
 595 11TH ST NW
 NAPLES FL 34120**

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.

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE	TITLE NAME	STREET ADDRESS	CITY-ST-ZIP	CHANGE	ADDITION
DP BROWN, KAREN	595 11TH ST NW	NAPLES FL 34120	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>
DVP BROWN, H. SKIP	595 11TH STREET N.W.	NAPLES FL 34120	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>
T BROWN, SCOTT	595 11TH ST NW	NAPLES FL 34120	<input type="checkbox"/>		630-Everglades BU S.	NAPLES FL 34117	<input checked="" type="checkbox"/>	<input type="checkbox"/>
S CLINE, STACEY	630 EVERGLADES BV S	NAPLES FL 34117	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>

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 Karen Brown, President DATE 4/23/01 (941) 455-4434
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (10/00)