

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

9/8/2003-90136-032-\$550.00-\$550.00

0097849  
AV

**DOCUMENT # V42508**

1. Entity Name  
**AMERICAN COMMERCIAL TRUCK EQUIPMENT, INC.**



**FILED**  
03 OCT -9 PM 2:49  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business  
12875 COMMODITY PLACE  
TAMPA FL 33626  
US

Mailing Address  
12875 COMMODITY PLACE  
TAMPA FL 33626  
US

2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

City & State

City & State

Zip Country Zip Country

4. FEI Number **59-3126789** Applied For  
Not Applicable

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

CHECK HERE IF MAKING CHANGES

8. Name and Address of Current Registered Agent

**DAVIS, AILEEN S**  
100 SO ASHLEY DR  
STE 1500  
TAMPA FL 33602


7. Name and Address of New Registered Agent

Name  
**CT Corporation**

Street Address (P.O. Box Number is Not Acceptable)  
**1200 S. Pine Island Road**

City **Plantation** FL Zip Code **33324**

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  **James A. Bordonaro** Assistant Secretary DATE

(NOTE: Registered Agent signature required when registering)

**FILE NOW!!! FEE IS \$550.00**  
After September 30, 2003 Fee will be \$750.00  
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 **DP RUGGLES, JOHN A.**  Delete  
STREET ADDRESS **11803 MIDDLEBURY DR.**  
CITY-ST-ZIP **TAMPA FL**

Change  Addition

TITLE  
NAME **VP Vice President, Treasurer**  Delete  
STREET ADDRESS **PATTERSON, ROBERT L. II**  
CITY-ST-ZIP **18141 VANDERBILT DR. ODESSA FL** *Asst. Secretary*

Change  Addition

TITLE  
NAME **George Schreff**  Delete  
STREET ADDRESS **93A East Starr Ave.**  
CITY-ST-ZIP **Columbus, OH 43201**

Change  Addition

TITLE  
NAME **Secretary Ron Neill**  Delete  
STREET ADDRESS **5900 Landerbrook Drive Suite 280**  
CITY-ST-ZIP **Mayfield Hts., OH 44124**

Change  Addition

TITLE  
NAME **Asst. Secretary Lee Christine Snyder**  Delete  
STREET ADDRESS **939 East Starr Ave.**  
CITY-ST-ZIP **Columbus, OH 43201**

Change  Addition

TITLE  
NAME **Asst. Secretary Donald C. Molten, Jr.**  Delete  
STREET ADDRESS **5900 Landerbrook Drive Suite 280**  
CITY-ST-ZIP **Mayfield Hts., OH 44124**

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**

8/23/03 (440) 786-2930  
Date Daytime Phone #

CR2E034 (4/03)