

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 150637

1. Entity Name  
SOUTHERN TRUCK BODY CORPORATION

Principal Place of Business  
3924 SPRUCE STREET  
TAMPA FL 33607

Mailing Address  
3924 SPRUCE STREET  
TAMPA FL 33607

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

6. Name and Address of Current Registered Agent

PEEBLES JERRY W  
3924 SPRUCE ST  
TAMPA FL 33607

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.

SIGNATURE Jerry W. Peebles 9/3/01  
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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 \$550.00**  
**After September 12, 2001 Fee will be \$750.00**  
**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

TITLE D  
NAME OVERFIELD, RANDALL  
STREET ADDRESS 3924 SPRUCE ST  
CITY-ST-ZIP TAMPA FL 33607 ☐ Delete

TITLE DVST  
NAME PEEBLES, MARY L  
STREET ADDRESS 3924 SPRUCE ST  
CITY-ST-ZIP TAMPA FL ☐ Delete

TITLE PD  
NAME PEEBLES, JERRY  
STREET ADDRESS 3924 SPRUCE ST  
CITY-ST-ZIP TAMPA FL 33607 ☐ Delete

TITLE EVP  
NAME PEEBLES, MARY L  
STREET ADDRESS 3924 SPRUCE ST  
CITY-ST-ZIP TAMPA FL 33607 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE E.V.P., S., T., D.  
NAME Peebles, Mary L.  
STREET ADDRESS 3924 Spruce St.  
CITY-ST-ZIP ☒ Change ☐ Addition

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

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

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

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

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: Ex. V.P. 8/30/01 813-877-2444  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

FILED  
Sep 10, 2001 8:00 am  
Secretary of State

09-10-2001 90063 042 \*\*\*550.00



DO NOT WRITE IN THIS SPACE

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CR2E034 (5/01)