

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 16, 2001 8:00 am
Secretary of State

04-16-2001 90044 039 ***150.00

DOCUMENT # 254856

1. Entity Name
WEST FLORIDA TRUCK BROKERS INC

Principal Place of Business

Mailing Address

**5782 ENTERPRISE PKWY
 FORT MYERS FL 33905
 US**

**5782 ENTERPRISE PKWY
 FORT MYERS FL 33905
 US**

2. Principal Place of Business

3. Mailing Address

5500-4 DIVISION DR

P.O. Box 50460

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

FORT MYERS FL

FORT MYERS FL

4. FEI Number **59-0954894**

Applied For
 Not Applicable

Zip

Country

Zip

Country

33905 Lee

33994 LEE

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

**PRUITT, WILLIAM KEVIN
 5782 ENTERPRISE PARKWAY
 FORT MYERS FL 33905**

Name
 Street Address (P.O. Box Number is Not Acceptable)
5500-4 DIVISION DRIVE
 City **FORT MYERS FL** Zip Code **33905**

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  **WILLIAM K PRUITT** **4/10/01**
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 \$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	C	<input type="checkbox"/> Delete
NAME	ANTHONY CARL ALVAREZ	
STREET ADDRESS	5782 ENTERPRISE PARKWAY	
CITY-ST-ZIP	FORT MYERS FL 33905	
TITLE	D	<input type="checkbox"/> Delete
NAME	CAROLYN A POWELL	
STREET ADDRESS	5782 ENTERPRISE PARKWAY	
CITY-ST-ZIP	FORT MYERS FL 33905	
TITLE	D	<input type="checkbox"/> Delete
NAME	PRUITT, WILLIAM KEVIN	
STREET ADDRESS	5782 ENTERPRISE PARKWAY	
CITY-ST-ZIP	FORT MYERS FL 33905	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	P/C	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANTHONY CARL ALVAREZ	
STREET ADDRESS	5500-4 DIVISION DR	
CITY-ST-ZIP	FORT MYERS, FL 33905	
TITLE	V/S/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CAROLYN A POWELL	
STREET ADDRESS	5500-4 DIVISION DR	
CITY-ST-ZIP	FORT MYERS, FL 33905	
TITLE	T/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILLIAM KEVIN PRUITT	
STREET ADDRESS	5500-4 DIVISION DR	
CITY-ST-ZIP	FORT MYERS, FL 33905	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:  **WILLIAM K PRUITT** **4-10-01 941-693-9200**
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (10/00)