

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 274279

1. Entity Name

DEWITT TRUCK BROKERS, INC.

FILED
May 03, 2000 8:00 am
Secretary of State

05-03-2000 90058 044 ***150.00

Principal Place of Business

Mailing Address

1200 HAMMONDVILLE RD.
 POMPANO BEACH FL 33069

P.O. BOX 951
 HENDERSONVILLE NC 28793-0951

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-1024490

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

DEWITT, JONNIE R
 1305 SE 1 STREET
 POMPANO BEACH FL 33060

Name

DeWitt, Jonnie R.
 Street Address (P.O. Box Number is Not Acceptable)

335 Blue Jacket Lane

City

Orlando

FL

Zip Code 32825

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 *Jonnie R. DeWitt*
Jonnie R. DeWitt P. ST

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/24/2000
 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, 2000 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 P ☐ Delete
 NAME DEWITT, JONNIE R
 STREET ADDRESS 1305 SE 1ST ST
 CITY-ST-ZIP POMPANO BEACH FL 33060

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

TITLE ST ☐ Delete
 NAME DEWITT, JONNIE R
 STREET ADDRESS 1305 SE 1ST ST
 CITY-ST-ZIP POMPANO BEACH FL 33060

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

TITLE ☐ Delete
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TITLE ☐ Change ☐ Addition
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 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: *Jonnie R. DeWitt*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/2000
 Date

828-685-7216
 Daytime Phone #

CR2E034 (9/99)