

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 17, 2001 8:00 am
Secretary of State

09-17-2001 90151 018 ***150.00

DOCUMENT # 598991

1. Entity Name

TRUCK & TRAILER CENTER, INC.

Principal Place of Business

**702 SOUTH MARKET AVE.
FORT PIERCE FL 34982-6644**

Mailing Address

**702 SOUTH MARKET AVE.
FORT PIERCE FL 34982-6644**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-1872568**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**SIZEMORE, MARION
702 SOUTH MARKET AVE.
FORT PIERCE FL 34982**

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

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 **SD** ☐ Delete
NAME **SIZEMORE, RUTH M.**
STREET ADDRESS **702 S MARKET AVE**
CITY-ST-ZIP **FORT PIERCE FL**

TITLE **PD** ☐ Delete
NAME **SIZEMORE, MARION**
STREET ADDRESS **702 S MARKET AVE**
CITY-ST-ZIP **FORT PIERCE FL**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-10-01

Date

561 465 2530

Daytime Phone #

TRUCK & TRAILER CENTER INC.

702 S. Market Ave. ~ Ft. Pierce, Fl. 34982 ~ USA
Phone 561-465-2530 ~ Fax 561-465-2534

Attachment
DH#598971
A0086383

September 10, 2001

Department of State
Division of Corporations
Uniform Business Report Filings
P.O. Box 1500
Tallahassee, Fl. 32302-1500

Dear Sirs:

Truck & Trailer Center Inc., did not receive the Uniform Filing Form for May 2001.
Enclosed is our check #14228 in the amount of \$150.00 for the 2001 filing.

Sincerely,



RUTH M. SIZEMORE
Corporate Secretary
RMS/pbe

Enclosure