

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 22, 2002 8:00 am
Secretary of State

05-22-2002 90097 004 ***150.00

DOCUMENT # 659422

1. Entity Name
C & W TRUCK REPAIR, INC.

Principal Place of Business
703 HENNIS ROAD
WINTER GARDEN FL 34787
US

Mailing Address
703 HENNIS ROAD
WINTER GARDEN FL 34787
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-1977546**

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

CREEDEN, CHARLES W
703 HENNIS ROAD
OCOEE FL 34787

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 _____ (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, 2002 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 **VP** Delete
 NAME **CREEDEN, KRIS M.**
 STREET ADDRESS ~~**1120 HAWTHORNE COVE DR**~~
 CITY-ST-ZIP ~~**00000-FL**~~

TITLE Change Addition
 NAME
 STREET ADDRESS **17550 Cobblestone Lane**
 CITY-ST-ZIP **Clermont, FL 34711**

TITLE **VD** Delete
 NAME **CREEDEN, KEVIN A**
 STREET ADDRESS **1750 CROWN POINT WOODS CIR**
 CITY-ST-ZIP **OCOEE FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **PTD** Delete
 NAME **CREEDEN, CHARLES W**
 STREET ADDRESS ~~**4018 GOLFSIDE DR**~~
 CITY-ST-ZIP ~~**ORLANDO, FL 00000**~~

TITLE Change Addition
 NAME
 STREET ADDRESS **994 Everest Street**
 CITY-ST-ZIP **Clermont, FL 34711**

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change 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: *Charles W Creeden*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-8-02 **407.877.2600**
 Date Daytime Phone #

CR2E034 (9/01)