

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 28, 2002 8:00 am
Secretary of State

02-28-2002 90018 013 ***150.00

DOCUMENT # F00000001822

1. Entity Name
METRO TRUCK & TRACTOR LEASING, INC.

Principal Place of Business

**6730 INDUSTRIAL DRIVE
 BELTSVILLE MD 20705**

Mailing Address

**6730 INDUSTRIAL DRIVE
 BELTSVILLE MD 20705**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

52-0987363

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

**CORPORATION SERVICE COMPANY
 1201 HAYS STREET
 TALLAHASSEE FL 32301-2525**

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 \$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 **PTCD** ☐ Delete
 NAME **ALUISE, JOSEPH R SR.**
 STREET ADDRESS **13804 LAKESIDE DRIVE**
 CITY-ST-ZIP **CLARKSVILLE MD 21029**

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

TITLE **VD** ☐ Delete
 NAME **ALUISE, JOSEPH R JR.**
 STREET ADDRESS **15415 CALSHOT COURT**
 CITY-ST-ZIP **LAUREL MD 20707**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS **225 BLACK HAW TRAIL**
 CITY-ST-ZIP **WESTMINSTER MD 21158**

TITLE **SD** ☐ Delete
 NAME **ALUISE, LINDA L**
 STREET ADDRESS **13804 LAKESIDE DRIVE**
 CITY-ST-ZIP **CLARKSVILLE MD 21029**

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 NAME
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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]*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PAESMENT **2/14/02** **301 937-1940**
 Date Daytime Phone #

CR2E034 (9/01)