

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 17, 2001 8:00 am**  
**Secretary of State**  
 09-17-2001 90151 020 \*\*\*150.00

**DOCUMENT # F00031**

1. Entity Name  
**ATLANTIC TRUCK EQUIPMENT, INC.**

Principal Place of Business  
**702 SOUTH MARKET AVENUE  
 C/O MARION SIZEMORE  
 FT. PIERCE FL 34982-6644**

Mailing Address  
**702 SOUTH MARKET AVENUE  
 C/O MARION SIZEMORE  
 FT. 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 **59-2044040**

Applied For  
 Not Applicable

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

**SIZEMORE, MARION  
 702 SOUTH MARKET AVENUE  
 FT. PIERCE FL 34982**

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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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:

*Richard M. Sizemore*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**9-10-01 564 465 2530**

Date

Daytime Phone #

CR2E034 (5/01)

Attachment  
DH#F00031  
A0086381

ATLANTIC TRUCK EQUIPMENT INC  
702 SOUTH MARKET AVENUE  
FORT PIERCE, FLORIDA 34982

SEPTEMBER 10, 2001

DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
UNIFORM BUSINESS REPORT FILINGS  
P O BOX 1500  
TALLAHASSEE, FL 32302-1500

DEAR SIRs,

ATLANTIC TRUCK EQUIPMENT INC DID NOT RECEIVE THE  
UNIFORM FILING FORM FOR MAY, 2001.  
ENCLOSED IS OUR CHECK #6520 IN THE AMOUNT OF  
\$150.00 FOR THE 2001 FILING.

SINCERELY



RUTH M SIZEMORE