

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 01, 2002 8:00 am**  
**Secretary of State**

05-01-2002 91538 001 \*\*\*150.00

**DOCUMENT # F26381**

1. Entity Name

**TRUCK & BODY SERVICES, INC.**

Principal Place of Business

**1335 W WASHINGTON STR  
 BLDG C  
 ORLANDO FL 32805  
 US**

Mailing Address

**PO BOX 550134  
 ORLANDO FL 32855-0134  
 US**

2. Principal Place of Business

**2507 EUNICE AVE.**

3. Mailing Address

**2507 EUNICE AVE.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**ORLANDO, FL.**

City & State

**ORLANDO, FL**

Zip

**32808**

Country

**ORANGE**

Zip

**32808**

Country

**ORANGE**

4. FEI Number

**59-2076401**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

**PURYEAR, DONALD S  
 417 N PINEMeadOWS DR.  
 DEBARY FL 32713**

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 \$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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PC PURYEAR, DONALD S 417 N PINE MEADOWS DR DEBARY, FL 00000	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD PURYEAR, WANDA A 417 N PINE MEADOWS DR DEBARY, FL 00000	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP PURYEAR, JEFFERY L 715 CIMRAN WAY LAKE HELEN FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP PURYEAR, JEFFERY L. 715 SIMRAN WAY LAKE HELEN, FL.	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4-17-02**

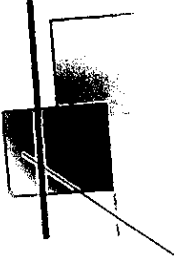
Date

**407-292-8776**

Daytime Phone #

CR2E034 (9/01)

Attachment + DOC# F26381  
77850



**WE'RE MOVING**

**TRUCK & BODY SERVICES, INC.**

**1335 W. WASHINGTON ST. BLDG. C**

**MAY  
1ST**

**ORLANDO, FL. 32805**

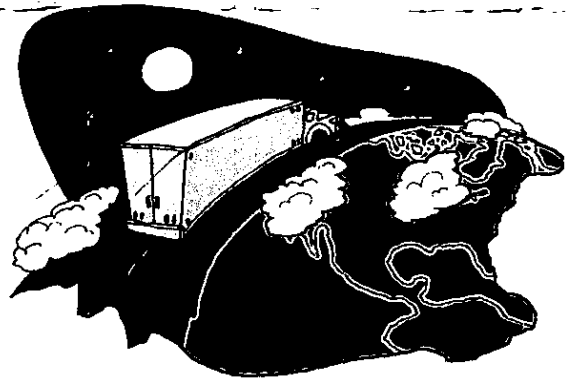
**MOVING TO NEW FACILITY**

**2507 EUNICE AVE.**

**ORLANDO, FL. 32808**

**PHONE: 407-292-8776**

**FAX: 407-292-8986**



TO: DEPT. OF STATE -  
2002 UNIFORM BUSINESS RECEIPT

FAX#: ADDRESS DIVISION

ACCT #: \_\_\_\_\_

LIC. #: \_\_\_\_\_

PLEASE CHANGE TO ABOVE ADDRESS EFFECTIVE MAY 1, 2002.

THANK YOU

DON & JEFF PURYEAR