

2001 UNIFORM BUSINESS REPORT (UBR)

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

08-17-2001 90001 012 ***558.75

DOCUMENT # F33636

1. Entity Name

A. & E. TRUCK SERVICE, INC.

Principal Place of Business

**2665 SOUTH STREET
FT. MYERS FL 33901**

Mailing Address

**2665 SOUTH STREET
FT. MYERS FL 33901**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-2106176

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

JACOBSEN, SIDNEY A.

4628 SW 18 AVE

CAPE CORAL FL 33914

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

8/13/01

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 **P** ☐ Delete
NAME **JACOBSON, SID**
STREET ADDRESS **4628 SW 18 AVE**
CITY-ST-ZIP **CAPE CORAL FL**

TITLE **VP** ☐ Delete
NAME **GILMAN, KIM**
STREET ADDRESS **2220 SW 21 STREET**
CITY-ST-ZIP **CAPE CORAL FL**

TITLE **SDT** ☐ Delete
NAME **JACOBSEN, KEVIN**
STREET ADDRESS **503 TRAFALGAR PKWY**
CITY-ST-ZIP **CAPE CORAL FL 33991**

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

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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

Date

Daytime Phone #

8/13/01

941-334-1196

CR2E034 (5/01)