

2000 UNIFORM BUSINESS REPORT (UBR)

0011430

DOCUMENT # F97000003930

1. Entity Name

FREIGHTLINER CUSTOM CHASSIS CORPORATION

FILED

00 FEB -7 PM 1:33

SECRET
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

552 HYATT STREET
GAFFNEY SC 29341

552 HYATT STREET
GAFFNEY SC 29341-2525

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

93-1173788

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

DORER, LARRY
16311 SW 102 CT
MIAMI FL 33157

Name

Angel Rivera

Street Address (P.O. Box Number is Not Acceptable)

700 Aero Lane

City

Sandford

FL

Zip Code
32771

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, 2000 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	P	<input type="checkbox"/> Delete
NAME	HOFF, MARV	
STREET ADDRESS	552 HYATT STREET	
CITY-ST-ZIP	GAFFNEY SC	
TITLE	VP	<input type="checkbox"/> Delete
NAME	SCHNELL, UDO	
STREET ADDRESS	4747 N CHANNEL	
CITY-ST-ZIP	PORTLAND OR 97217	
TITLE	VSD	<input type="checkbox"/> Delete
NAME	HUBLER, JAMES	
STREET ADDRESS	4747 N CHANNEL	
CITY-ST-ZIP	PORTLAND OR	
TITLE	T	<input type="checkbox"/> Delete
NAME	PLATT, KELLEY	
STREET ADDRESS	4747 N CHANNEL	
CITY-ST-ZIP	PORTLAND OR 97217	
TITLE	CD	<input type="checkbox"/> Delete
NAME	HEBE, JAMES	
STREET ADDRESS	4747 N CHANNEL	
CITY-ST-ZIP	PORTLAND OR	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	000003131010--5
CITY-ST-ZIP	-02/10/00--01065--010
	****150.00 ****150.00
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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)(l), 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

Date

Daytime Phone #

CR2E034 (9/99)