

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # F97000005862**

1. Entity Name

MAUDLIN INTERNATIONAL TRUCKS, INC.

Principal Place of Business

**2300 S. DIVISION AVE.
ORLANDO FL 32805**

Mailing Address

**2300 S. DIVISION AVE.
ORLANDO FL 32805**

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 **59-3474821**Applied For
Not Applicable5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

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, 2001 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	V	<input type="checkbox"/> Delete
NAME	KING, DENNIS O	
STREET ADDRESS	1218 CANDLEWOOD CT	
CITY-ST-ZIP	AURORA IL 60504	
TITLE	ST	<input type="checkbox"/> Delete
NAME	WILSON, WILLIAM T	
STREET ADDRESS	120 BLUE STONE CR	
CITY-ST-ZIP	WINTER GARDEN FL 34787	
TITLE	ST	<input type="checkbox"/> Delete
NAME	MARCRUM, SHERMAN L	
STREET ADDRESS	197 FALCON CT.	
CITY-ST-ZIP	BLOOMINGDALE IL 60108	
TITLE	AST	<input type="checkbox"/> Delete
NAME	AREND, KENNETH L	
STREET ADDRESS	1512 TULAN	
CITY-ST-ZIP	NAPERVILLE IL 60565	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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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)(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, TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

WILLIAM T. WILSON

Date

1/5/01

Daytime Phone #

707-849-6440

0064835

CR2E034 (10/00)