

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 03, 2003 8:00 am
Secretary of State

02-03-2003 90128 047 ***150.00

DOCUMENT # F98000006798

1. Entity Name

EMPIRE TRUCK SALES, INC. *LLC*



Principal Place of Business

PO BOX 54325

JACKSON MS 39288-4325

Mailing Address

PO BOX 54325

JACKSON MS 39288-4325

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

~~64-0678151~~ 03-0374134

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

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

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD
NAME SWANSON, GERALD S
STREET ADDRESS 345 U.S. HIGHWAY 49 SOUTH
CITY-ST-ZIP RICHLAND MS 39218 ☐ Delete

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

TITLE VST
NAME DEARTH, W B
STREET ADDRESS 345 U.S. HIGHWAY 49 SOUTH
CITY-ST-ZIP RICHLAND MS 39218 ☐ Delete

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

TITLE C
NAME GREENER, SHARON S
STREET ADDRESS 345 U.S. HIGHWAY 49 SOUTH
CITY-ST-ZIP RICHLAND MS 39218 ☐ Delete

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

TITLE VGM
NAME COOK, LONNIE
STREET ADDRESS 345 U.S. HIGHWAY 49 SOUTH
CITY-ST-ZIP RICHLAND MS 39218 ☐ Delete

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

TITLE V
NAME KEUTZER, BILL
STREET ADDRESS 345 U.S. HIGHWAY 49 SOUTH
CITY-ST-ZIP RICHLAND MS 39218 ☐ Delete

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

TITLE AS
NAME GREENER, JASON S
STREET ADDRESS 345 U.S. HIGHWAY 49 SOUTH
CITY-ST-ZIP RICHLAND MS 39218 ☐ Delete

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

S. J. M. DEARTH

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-30-03

Date

601-933-5193

Daytime Phone #

CR2E034 (10/02)