2001 UNIFORM BUSINESS REPORT (UBR)

FILED Mar 06, 2001 8:00 am Secretary of State **DOCUMENT # H27864** 1. Entity Name CALUSA TRUCKING CORP. 03-06-2001 90006 042 ***158.75 Principal Place of Business Mailing Address INDUSTRIAL RD/ P O BOX 430374 INDUSTRIAL RD/ P O BOX 430374 BIG PINE KEY FL 33043 BIG PINE KEY FL 33043 US 3. Mailing Address 2. Principal Place of Business P.O. Box 430374 20 Palomino Horse Trail Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-2379068 Not Applicable <u>Big Pine Kev</u> Big Pine \$8.75 Additional 5._Certificate of Status, Desired - ... Fee Required US = 33043-03 US 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name <u>Paterniti, Anthony</u> PATERNITI, ANTHONY Street Address (P.O. Box Number is Not Acceptable) **85 INDUSTRIAL ROAD** 20 Palomino Horse Trail PINEWOOD BUILDING **BIG PINE KEY FL 33043** Zip Code 33043 Big Pine Kgey 8. The above named entity submits this statement for the purpose of changing its registered price or registered SIGNATURE Anthony Paterniti-President e required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Change ☐ Addition ☐ Delete TITLE TITLE PATERNITI, ANTHONY NAME NAME Paterniti, Anthony 85 INDUSTRIAL ROAD, PINEWOOD BUILDING STREET ADDRESS STREET ADDRESS 20 Palomino Horse Trail CITY-ST-7IP CITY-ST-ZIP **BIG PINE KEY FL 33043** Big Pine Key, Fl. 33043 ☐ Change ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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 attachorest with an address with all other like empowered.

SIGNATULE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF DIRECTOR