

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **H31830**

1. Entity Name
TRUCK & TRAILER LEASING, INC.

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

09-17-2001 90151 019 ***150.00

Principal Place of Business
C/O MARION M. SIZEMORE
702 MARKET AVENUE
FT. PIERCE FL 34982-6644

Mailing Address
C/O MARION M. SIZEMORE
702 MARKET AVENUE
FT. PIERCE FL 34982-6644

A0086382



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2479828**

Applied For
Not Applicable

Zip

Country

Zip

Country

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

SIZEMORE, MARION M.
702 S. MARKET AVE.
FT. PIERCE FL 34982

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 \$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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **DP** ☐ Delete
NAME **SIZEMORE, MARION M.**
STREET ADDRESS **702 S. MARKET AVE.**
CITY-ST-ZIP **FT. PIERCE FL**

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

TITLE **ST** ☐ Delete
NAME **SIZEMORE, RUTH M.**
STREET ADDRESS **702 S. MARKET AVE.**
CITY-ST-ZIP **FT. PIERCE FL**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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TITLE ☐ Change ☐ 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: **ROBERT M. SIZEMORE**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-10-01 **561 965-2530**
Date Daytime Phone #

CR2E034 (5/01)

TRUCK & TRAILER LEASING, INC.

P. O. BOX 12727, Ft. Pierce, FL 34979-2727
Phone 407-845-0405 ~ Fax 561-842-2915

*Attachment
0# 1131830
A0086382*

September 10, 2001

Department of State
Division of Corporations
Uniform Business Report Filings
P.O. Box 1500
Tallahassee, FL 32302-1500

Dear Sirs:

Dear Sirs:

Truck & Trailer Leasing Inc., did not receive the Uniform Filing Form for May 2001.
Enclosed is our check #1394 in the amount of \$150.00 for the 2001 filing.

Sincerely,



RUTH M. SIZEMORE
Corporate Secretary
RMS/pbe

Enclosure