

DOCUMENT # H73725

1. Entity Name

F.S.R. TRUCKING, INC.

**FILED**  
**Jan 16, 2001 8:00 am**  
**Secretary of State**

01-16-2001 90002 003 \*\*\*158.75

Principal Place of Business

Mailing Address

~~5900 OUR ROBBIES ROAD~~  
~~JUPITER FL 33458~~  
 US

~~5900 OUR ROBBIES ROAD~~  
~~JUPITER FL 33458~~  
 US

2. Principal Place of Business

11911 US Hwy 1

3. Mailing Address

11911 US Hwy 1

Suite, Apt. #, etc.

Suite 201

Suite, Apt. #, etc.

Suite 201

City &amp; State

N. Palm Bch.

City &amp; State

N. Palm Bch.

Zip

33408

Country

US

Zip

33408

Country

US

4. FEI Number

59-2568845

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

RICEPUTO, FREDERICK S.  
 5900 OUR ROBBIES RD  
 JUPITER FL 33458

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 X

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 PD ☐ Delete  
 NAME RICEPUTO, FREDERICK S.  
 STREET ADDRESS ~~5900 OUR ROBBIES ROAD~~ 5900 OUR ROBBIES RD.  
 CITY-ST-ZIP JUPITER FL JUPITER, FL 33458

TITLE STD ☐ Delete  
 NAME REPACI, MICHAEL W  
 STREET ADDRESS PO BOX 10076  
 CITY-ST-ZIP NEW BRUNSWICK NJ

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition  
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 STREET ADDRESS  
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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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/8/01 561-624-1931

CR2E034 (10/00)