2000 UNIFORM BUSINESS REPORT (UBR)

04-02-2001 90057 020 ***750.00
H88965

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 APR 30 PM 12:02

DOCUMENT # H88965

1. Entity Name
AMERICAN TRUCK BROKERS, INC.

Principal Place of Business	Mailing Address
16604 US HWY 19 N CLEARWATER FL 34624 US	16604 US HWY 19 N CLEARWATER FL 34624 US

DO NOT WRITE IN THIS SPACE
REINSTATEMENT 01-0

2. Principal Place of Business	3. Mailing Address
	6200 90TH AVE N
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State: PINELLAS PARK FL
Zip / Country	Zip: 33782 / Country: PINELLAS

4. FEI Number: 59-2610681 ☐ 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
RICE, EDWARD L 11604 US HWY 19 N CLEARWATER FL 34624	Name: LEVENREICH, DAVID C. Street Address (P.O. Box Number is Not Acceptable): 406 SOUTH PROSPECT AVE City: CLEARWATER FL Zip Code: 33756

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: David C Levenreich April 26, 2001
Signature and/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 13, 2000 Min. 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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PT RICE, EDWARD L 17116 U.S. HGHWY 19 NORTH CLEARWATER FL	☐ Delete	PS RICE, EDWARD L 6200 90TH AVE N PINELLAS PARK FL 33782	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D RICE, EDWARD L 17116 U.S. HIGHWAY 19 NORTH CLEARWATER FL	☐ Delete	50000419456[illegible] -05/10/01--01131--012 ****450.00 ****150.00	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S RICE, SHELBY J. 17116 U.S. HIGHWAY 19 NORTH CLEARWATER FL	☐ Delete	VT RICE, SHELBY J 6200 90TH AVE N PINELLAS PARK FL 33782	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	D RICE, SHELBY J 6200 90TH AVE N PINELLAS PARK FL 33782	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

CR2E034 (5/00)

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 REQUIRED 3/26/01 727 536 3313
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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