## **2003 FOR PROFIT CORPORATION** UNIFORM BUSINESS REPORT (UBR

## H94184 DOCUMENT #

1. Entity Name

WHOLESALE TRUCKS, INC.



FILED Jan 15, 2003 8:00 am Secretary of State

01-15-2003 90215 022 \*\*\*150.00

			A CONTRACTOR OF THE PARTY OF TH			
Principal Place of B 6286 PHILLIPS HWY, JACKSONVILLE FL 3		Mailing Addres 6286 PHILLIPS JACKSONVILLE	HWY.			
2. Principal Place of Business		3. Mailing Address			1/1 <b>-</b> 01 <b>.</b> 01 -01.011 -01.011   10.011	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		☐ CHECK HERE IF MAKING CHANGES		
City & State		City & State		4. FEI Number 59-2621214	Applied For Not Applicable	
Zip 	Country	Zip	Country		88.75 Additional	
6.	Name and Address of Cu	rrent Registered Agent		7. Name and Address of New Registered A	gent	
HOLBROOK, H. LEON ONE INDEPENDENT DR.			Name  Street Address (P.O. Box Number is Not Acceptable)			
: 2301 INDEPEND	ENT SQUARE					
- JACKSONVILLE FL 32202			City	FL   2.15 GOGS		
<ol><li>The above named the obligations of</li></ol>	d entity submits this statem registered agent.	ent for the purpose of cha	anging its registered office or re	gistered agent, or both, in the State of Florida. I am fa	miliar with, and accept	
SIGNATURE						
Signaturi	e, typed or printed name of registered	agent and title if applicable.	(NOTE: Registered Agent signature r	required when reinstating) DATE		
After May	OW!!! FEE IS \$150.00 1, 2003 Fee will be \$550 ble to Florida Departme	0.00		9. Election Campaign Financing Trust Fund Contribution.	\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIRECTORS 11			ADDITIONS/CHANGES TO OFFICERS AND I	DIRECTORS IN 11	

Make Check Payable 10. TITLE ☐ Delete TITLE ☐ Change ■ Addition GOYKE, JOHN H. NAME NAME STREET ADDRESS 6286 PHILLIPS HWY. STREET ADDRESS CITY-ST-ZIP JACKSONVILLE FL CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME GOYKE, MICHAEL R. NAME STREET ADDRESS 6286 PHILLIPS HWY. STREET ADDRESS CITY-ST-ZIP JACKSONVILLE FL CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition

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

with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information but is true and a curate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director empowered to decute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if 12. I hereby certify that the information indicated on this report or supplem of the corporation or the receiver o changed, or on an attachment with like empowered.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

Daytime Phone #

CR2E034 (10/02)