

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 21, 2007 8:00 am
Secretary of State

03-21-2007 90044 006 ***150.00

DOCUMENT # J53702

1. Entity Name
UNITED TRUCK MASTER, INC.



Principal Place of Business
**2123 NE COACHMAN RD
CLEARWATER, FL 34625**

Mailing Address
**2123 NE COACHMAN RD
CLEARWATER, FL 34625**

00000000



DO NOT WRITE IN THIS SPACE

01122007 No Chg-P CR2E034 (11/05)

4. FEI Number
59-2857793

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

**EVANS, H. MICHAEL
2123 NE COACHMAN ROAD
SUITE A
CLEARWATER, FL 34625**

**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DPST
NAME	GORDON, JOHN
STREET ADDRESS	2624 BRANDYWINE DRIVE 6055 Wedgewood Village Circle
CITY-ST-ZIP	CLEARWATER, FL Lake Worth, FL 33463
TITLE	DVP
NAME	EYLER, FERN
STREET ADDRESS	1128 TRAFALGAR DRIVE
CITY-ST-ZIP	NEW PORT RICHEY, FL 34655
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**JOHN GORDON
PRESIDENT 3/1/07**