

AMENDED

03

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED

03 MAY 29 AM 11:22

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT #	J71578	
1. Entity Name	DOC'S TRUCK RENTAL, INC.	

DO NOT WRITE IN THIS SPACE

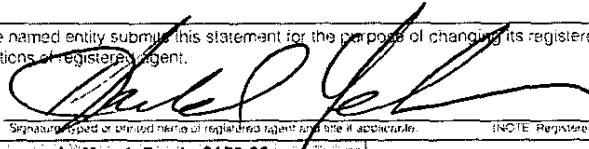
2. Principal Place of Business	3. Mailing Address
5974 SW 40 Avenue	5974 SW 40 Avenue
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Fort Lauderdale, Florida 33314	Fort Lauderdale, Florida 33314
Zip	Zip

200020531872
06/04/03--01062--032 **61.00

DO NOT WRITE IN THIS SPACE

4. FBI Number	Applied For
59-2815163	Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fee Required
☐	

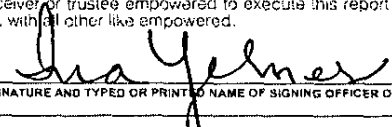
DO NOT WRITE IN THIS SPACE	7. Name and Address of Current Registered Agent	
	Name Harold Yelner	
	Street Address (P.O. Box Number is Not Acceptable) 5974 SW 40 Avenue	
	City	Zip Code
	Fort Lauderdale	FL 33314

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  DATE 5/27/03

January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P D Ina Yelner 5974 SW 40 Avenue Fort Lauderdale, Florida 33314	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V P Harold Yelner 5974 SW 40 Avenue Fort Lauderdale, Florida 33314	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: 	5-27-03 954 962 9559
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date Daytime Phone

CR2E034B (12/02)

21 5/30