

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **K83912**

Entity Name
ITALIS TRUCKING COMPANY, INC.

FILED
Feb 20, 2002 8:00 am
Secretary of State

02-20-2002 90114 045 ***150.00

Principal Place of Business

**023 APOPKA BLVD
APOPKA FL 32703
US**

Mailing Address

**P O BOX 608017
ORLANDO FL 32860-8017
US**



Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2952215

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**GORDON, LB
2075 TOURNAMENT DR
APOPKA FL 32712**

7. Name and Address of New Registered Agent

Name

Paul Blakely

Street Address (P.O. Box Number is Not Acceptable)

7701 CASASIA COURT

City

ORLANDO

FL

Zip Code

32811

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

[Signature]
Signature, typed or printed name of registered agent and file if applicable.

Paul Blakely

(NOTE: Registered Agent signature required when reinstating)

1-29-02

DATE

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, 2002 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**

OFFICERS AND DIRECTORS

FILE NAME **VST** ☐ Delete
STREET ADDRESS **BLAKELY, PAUL D**
CITY-ST-ZIP **7701 CASASICE CT.
ORLANDO FL**

FILE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

FILE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

FILE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

FILE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

FILE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PRESIDENT** ☒ Change ☐ Addition
NAME **BLAKELY, PAUL**
STREET ADDRESS **7701 CASASIA COURT**
CITY-ST-ZIP **ORLANDO, FL 32811**

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

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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 I am empowered.

SIGNATURE:

SIGNATURE REQUIRED

Paul Blakely 1-29-02 407-880-7670

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)