

2000 UNIFORM BUSINESS REPORT (UBR)

①

DOCUMENT # K 99584

1. Entity Name

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
00 OCT 27 PM 12:34

Principal Place of Business **Mailing Address**

Florida Truck Service Inc.
10417 Bow CT.
Boca Raton, FL. 33498

2. Principal Place of Business **3. Mailing Address**

Suite, Apt. #, etc. City & State Zip Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0207043 **Applied For**
☐ **Not Applicable**

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

6. Name and Address of Current Registered Agent

Tracy Cummings
10417 Bow CT.
Boca Raton, FL. 33498

7. Name and Address of New Registered Agent

Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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 Tracy Cummings Tracy Cummings 10-24-00
Signature, typed 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: ☐ **FILE NOW!!! FEE IS \$150.00**
After MAY 1, 2000 Fee will be \$350.00
Make Check Payable to Department of State

10. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE	<u>Pres</u>	<input type="checkbox"/> Delete
NAME	<u>Robert Cummings</u>	
STREET ADDRESS	<u>10417 Bow CT.</u>	
CITY-ST-ZIP	<u>Boca Raton, FL. 33498</u>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: Robert Cummings Robert Cummings 10-24-00
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)

(2)

10-24-00

DEPT OF STATE,

Enclosed Please Find
A Check For 150.00 TO
Bring my CORPORATE STATUS
up TO CURRENT STATUS. I
did NOT Receive Renewal
Form (which was sent back
TO you, which IS in your
computation on file) Due TO
PROCESS CHARGE.

Thank you

Robert Cummings
PRES
Robert Cummings

Tel 561-239-9964