

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L82778

1. Entity Name

GLONEK TRUCKING COMPANY

FILED
Jun 09, 2000 8:00 am
Secretary of State

06-09-2000 90214 001 ***150.00

Principal Place of Business

Mailing Address

1836 OAK PARK CIR
GREEN COVE SPRINGS FL 32043-6451
US

1301 89TH AVE
ST PETERSBURG FL 33702-2958
US

2. Principal Place of Business

3. Mailing Address

1613 Silhouette DR
Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

CLERMONT FL

CLERMONT FL

Zip

Country

Zip

Country

34711 USA

USA

4. FEI Number

59-3014461

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GLONEK, WILLIAM J.
1301 89TH AVE N
ST PETERSBURG FL 33702

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

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

(See criteria on back)

☐

FILE NOW!!! FEE IS \$150.00

After MAY 1, 2000 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

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DP	<input checked="" type="checkbox"/> Delete
NAME	GLONEK, JOHN D	
STREET ADDRESS	1836 OAK PARK CIR	
CITY-ST-ZIP	GREEN COVE SPRINGS FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	GLONEK, WILLIAM J	
STREET ADDRESS	1301 89TH AVE N	
CITY-ST-ZIP	ST PETERSBURG FL	
TITLE	S	<input type="checkbox"/> Delete
NAME	JOSEPHINE S GLONEK	
STREET ADDRESS	1301 89TH AVE N	
CITY-ST-ZIP	ST PETERSBURG FL	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	THERESA GLONEK	
STREET ADDRESS	1836 OAK PARK CIR	
CITY-ST-ZIP	GREEN COVE SPRINGS FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GLONEK JOHN D.	
STREET ADDRESS	1613 Silhouette DR	
CITY-ST-ZIP	CLERMONT FL 34711	
TITLE	DT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GLONEK WILLIAM J	
STREET ADDRESS	1301 89TH AVE N	
CITY-ST-ZIP	ST PETERSBURG FL 33702-2958	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THERESA GLONEK	
STREET ADDRESS	1613 Silhouette DR	
CITY-ST-ZIP	CLERMONT FL 34711	
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		
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:

William J. Glonek

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-21-00 7275772753

Date

Daytime Phone #