

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)


FILED
Apr 21, 2003 8:00 am
Secretary of State

04-21-2003 90412 042 ***150.00

0014256
IN

DOCUMENT # M01120

1. Entity Name
MESWAY TRUCK RENTAL, INC.



Principal Place of Business
814 DES ORMEAUX
BELOEIL OC CANADA

Mailing Address
814 DES ORMEAUX
BELOEIL OC CANADA

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
814 DES ORMEAUX
Suite, Apt. #, etc.

City & State
BELOEIL OC

Zip
U3B 3A1

Country
CANADA

4. FET Number **65-0038795**

Applied For
 Not Applicable

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



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

MAURICE, ROBERT
1401 DEWEY STREET
HOLLYWOOD FL 33020

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

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE	ST	<input type="checkbox"/> Delete
NAME	CHOQUETTE, JP	
STREET ADDRESS	191ST. LAURENT ST	
CITY-ST-ZIP	ST DAMASE PQ CA	
TITLE	PD	<input type="checkbox"/> Delete
NAME	MAURICE, ROBERT	
STREET ADDRESS	814 DESORMEAUX	
CITY-ST-ZIP	BELOEIL J3G 3A1 PQ,CANADA	
TITLE	D	<input type="checkbox"/> Delete
NAME	MAURICE, JOEL	
STREET ADDRESS	271 BERNARD	
CITY-ST-ZIP	CHATEAUGUAY PQ J6K 3Y6 CA	
TITLE	D	<input type="checkbox"/> Delete
NAME	MAURICE, ANNIE.	
STREET ADDRESS	846 BARTLETT STREET	
CITY-ST-ZIP	CASTLE ROCK CO 80104	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. 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		
STREET ADDRESS		
CITY-ST-ZIP		
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		

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* **APRIL 1 - 2003**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)