

FOR PROFIT CORPORATION
2003 UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91877 014 ***150.00

DOCUMENT # M92445	
1. Entity Name CITY TRUCKING, INC.	

DO NOT WRITE IN THIS SPACE

90128837

2. Principal Place of Business 2359 SW 34th St.		3. Mailing Address 2359 SW 34th St.	
Suite Apt # etc Ft. Lauderdale, FL		Suite Apt # etc Ft. Lauderdale, FL	
City & State		City & State	
Zip 33312	Country	Zip 33312	Country

DO NOT WRITE IN THIS SPACE

4. FBT Number
65-0071282

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

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7. Name and Address of Current Registered Agent

Name Tabasky, Jason
Street Address (P.O. Box Number is Not Acceptable) 2359 SW 34th St.
City Ft. Lauderdale FL Zip Code 33312

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

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

10. OFFICERS AND DIRECTORS

TITLE PD	NAME Tabasky, Jason	TITLE	
STREET ADDRESS	2359 SW 34th St.	STREET ADDRESS	
CITY-ST-ZIP	Ft. Lauderdale, FL 33312	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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:

By: Jason Tabasky, Pres

By: Jason Tabasky, President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR