2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N0000006799

1. Entity Name

SOUTHSIDE TRUCKERS CLUB, INC.



FILED Apr 17, 2003 8:00 am Secretary of State 04-17-2003 90635 040 ****61.25

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Principal Place of Business 3638 - 16TH AVE. S. ST PETERSBURG FL 33711			3638 -	ng Address 16TH AVE. S. FERSBURG FL 33711							v		
2. Principal P	Place of Busine	ss	3. Mai	ling Address									
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Suite, Apt. #, etc.				Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES					
City & State				City & State				4. FEI Number 65-1072679 Applied For Not Applicable					
Zip Country			Zij	Zip Cou				5. Certificate of Status Desired See Required Fee Required					
6. Name and Address of Current F				Registered Agent			7. Name and Address of New Registered Agent						
						Name							
COSBY, ALEXANDER							Street Address (P.O. Box Number is Not Acceptable)						
3638 - 16TH AVE. S. ST PETERSBURG FL 33711													ł
							City . FL Zip Code						
Sta-The above	named entity	submits this statement fo	r the our	ose of changing its	register	d office o	r rogistors	ad agent or both in	the State of Florid		milior with	and account	-
	tions of registe		i the purp	ose o charlying its	registere /	su Ollice o	registere	ed agent, or doth, in	the state of Florid	ia. I aili ia	irilliai wilii,	апи ассері	ľ
	Along	ila Caca	. /	0. //	۷~	4			April	15	200	ፕ	
SIGNATURE.	Signature, typed o	JARR LOS 61 printed name of registered agent	+	oficable. (NOTE	: Registered	Agent signat	ture required	when reinstating)	RPICIO	DATE		- -	ļ
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FILE NOW: FEE IS \$61.25 9. Election Camp Trust Fund Co						~		\$5.00 May Be Added to Fees			Payable nent of S		
<u>.</u> .		7.							7101144	Берин]
10.	PD	OFFICERS AND DIF	RECTORS		11.		A	DDITIONS/CHANG	ES TO OFFICERS				ء
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NAME	LESTER, LONNIE						363	& 110 th such	.50.				`
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12. I hereby o	ertify that the	nformation supplied with	this filing	does not qualify for	the exer	nption sta	ted in Sec	ction 119.07(3)(i), Fk	orida Statutes. I fu	rther certif	y that the in	formation	

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 617, 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.

April 15-2003-727-321-7040