

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 17, 2002 8:00 am
Secretary of State

02-17-2002 90085 009 ****70.00

DOCUMENT # N97000003784

1. Entity Name

FLORIDA TRUCK PULLERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

**9302-125 AVE
 FELLSMERE FL 32948**

**9302-125 AVE
 FELLSMERE FL 32948**

2. Principal Place of Business

8145 Evernia Street

3. Mailing Address

8145 Evernia Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1

1

City & State
Micco, FL

City & State
Micco, FL

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

Zip
32976

Country
USA

Zip
32976

Country
USA

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**SMITH, LAURA S
 9302 125 AVE
 FELLSMERE FL 32948**

7. Name and Address of New Registered Agent

Name

Michelle K. Haney

Street Address (P.O. Box Number is Not Acceptable)

8145 Evernia Street, #1

City
Micco

FL

Zip Code
32976

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

Michelle K. Haney

Director

Michelle K. Haney

01/25/2002

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD HERNDON, LEONARD 8145 EVERNIA ST., #1 MICCO FL 32976	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SMITH, JERALD E SE 9302 125 AVE FELLSMERE FL 32948	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD CAMERON, GARY 322 DAN DURAND 54 SW PALM BAY FL 32908	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SMITH, LAURA S 9302 125 AVE FELLSMERE FL 32948	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Hearndon, Leonard 970 Atz Road Malabar, FL 32950	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD Cameron, Gary 322 DanDurand Street SW Palm Bay, FL 32908	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Desiree Hearndon 970 Atz Road Malabar, FL 32950	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Michelle Haney 8145 Evernia Street, #1 Micco, FL 32976	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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 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.

SIGNATURE:

Michelle K. Haney

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/25/2002

Date

561-664-7772

Daytime Phone #

CR2E037 (9/01)