

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N97000003784

FILED
Apr 08, 2003
Secretary of State

Entity Name: FLORIDA TRUCK PULLERS ASSOCIATION, INC.

Current Principal Place of Business:

8145 EVERNIA ST., SUITE 1
MICCO, FL 32976 US

New Principal Place of Business:

Current Mailing Address:

8145 EVERNIA ST., SUITE 1
MICCO, FL 32976 US

New Mailing Address:

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HANEY, MICHELLE K
8145 EVERNIA ST., SUITE 1
MICCO, FL 32976 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: HEARNDON, LEONARD
Address: 970 ATZ RD
City-St-Zip: MALABAR, FL 32950

Title: TD () Delete
Name: HEARNDON, DESIREE
Address: 970 ATZ RD
City-St-Zip: MALABAR, FL 32950

Title: SD () Delete
Name: HANEY, MICHELLE
Address: 8145 EVERNIA ST., #1
City-St-Zip: MICCO, FL 32976

Title: DV () Delete
Name: CAMERON, GARY
Address: 322 DANDURAND STREET SW
City-St-Zip: PALM BAY, FL 32908

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LEONARD D. HEARNDON

P

04/08/2003

Electronic Signature of Signing Officer or Director

_____ Date