

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000004436

1. Entity Name

COOPERATION TRUCKING, INC.

FILED
May 17, 2000 8:00 am
Secretary of State

05-17-2000 90935 044 ****61.25

Principal Place of Business

Mailing Address

ATTN: LARRY SCHWARTZ
11540 HIGHWAY 92 EAST
SEFFNER FL 33584

ATTN: LARRY SCHWARTZ
11540 HIGHWAY 92 EAST
SEFFNER FL 33584

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3532916

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MCINTOSH, ANDREW L
101 E KENNEDY BLVD SUITE 2000
TAMPA FL 33602

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.

SIGNATURE

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☒ Delete
NAME HIGGINS, BRENDA
STREET ADDRESS 11540 HW 92 E
CITY-ST-ZIP SEFFNER FL 33584

TITLE PD ☐ Change ☒ Addition
NAME STUART SULS
STREET ADDRESS 11540 HWY 92 EAST
CITY-ST-ZIP SEFFNER FL 33584

TITLE TD ☒ Delete
NAME CHILDERS, MARGARET A
STREET ADDRESS 11540 HW 92 E
CITY-ST-ZIP SEFFNER FL 33584

TITLE D ☐ Change ☐ Addition
NAME VICTOR ROMERIZ
STREET ADDRESS 11540 HWY 92 EAST
CITY-ST-ZIP SEFFNER FL 33584

TITLE D ☐ Delete
NAME BALOGH, FRED
STREET ADDRESS 11540 HW 92 E
CITY-ST-ZIP SEFFNER FL 33584

TITLE TD ☒ Change ☐ Addition
NAME FRED BALOGH
STREET ADDRESS 11540 HWY 92 EAST
CITY-ST-ZIP SEFFNER FL 33584

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Change ☐ Addition
NAME ANDREW JOHNSON
STREET ADDRESS 11540 HWY 92 EAST
CITY-ST-ZIP SEFFNER FL 33584

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Change ☐ Addition
NAME ENRIQUE COTOGNA
STREET ADDRESS 11540 HWY 92 EAST
CITY-ST-ZIP SEFFNER FL 33584

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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 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 fee empowered.

SIGNATURE:

SIGNATURE REQUIRED STUART SULS

4/20/00 (813) 623-5400

Date

Daytime Phone #

CR2E037 (9/99)