

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000004436

1. Entity Name

COOPERATION TRUCKING, INC.

FILED
May 15, 2001 8:00 am
Secretary of State

05-15-2001 90075 036 ****61.25



DO NOT WRITE IN THIS SPACE

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

11540 US Hwy 92 EAST
Suite, Apt. #, etc.

3. Mailing Address

11540 US Hwy 92 EAST
Suite, Apt. #, etc.

City & State

Seffner, FL

Zip

33584

Country

USA

City & State

Seffner, FL

Zip

33584

Country

USA

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

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

7. Name and Address of New Registered Agent

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

TITLE PD
NAME SULLS, STUART ☐ Delete
STREET ADDRESS 11540 HW 92 E
CITY-ST-ZIP SEFFNER FL 33584

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

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

TITLE D
NAME JOHNSON, ANDREW ☐ Delete
STREET ADDRESS 11540 HWY 92 E.
CITY-ST-ZIP SEFFNER FL 33584

TITLE D
NAME COTOGNA, ENRIQUE ☐ Delete
STREET ADDRESS 11540 HWY 92 E.
CITY-ST-ZIP SEFFNER FL 33584

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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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 like empowered.

SIGNATURE:

Signature of Stuart Sulls
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/01

Date

813-623-5400

Daytime Phone #

CR2E037 (10/00)