

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 27, 2002 8:00 am
Secretary of State

05-27-2002 90430 014 ***150.00

DOCUMENT # P00000018308
1. Entity Name
Triple of Trucking-Sumter Co, Inc
MC NOT FILED

DO NOT WRITE IN THIS SPACE

670787

2. Principal Place of Business
2020 East CR 470
Suite, Apt. #, etc.

3. Mailing Address
2020 East CR 470
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Sumterville FL
Zip
33585 Country
USA

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Zip
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USA

4. FEI Number
593638397
Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name Billy Montgomery

Street Address (P.O. Box Number is Not Acceptable)
2020 East CR 470

City Sumterville FL 33585

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

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Department of State

10. Election Campaign Financing

Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
President
Billy Montgomery
2020 E CR 470
Sumterville FL 33585

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Secretary
Suzanne Munkel
2020 E. CR 470
Sumterville FL 33585

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 607, Florida Statutes; and that my name appears in Block 11 or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Suzanne Munkel

DATE

5/1/02

DAYTIME PHONE #

352-568-1070

CR2E0348 (12/01)