

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 13, 2003 8:00 am
Secretary of State

02-13-2003 90249 041 ***150.00

DOCUMENT # P00000018308

1. Entity Name
TRIPLE AAA TRUCKING-SUMTER CO., INC.



Principal Place of Business
2020 EAST CR 470
SUMTERVILLE FL 33585

Mailing Address
2020 EAST CR 470
SUMTERVILLE FL 33585



2. Principal Place of Business

294 CR 312

Suite, Apt. #, etc.

3. Mailing Address

294 CR 312

Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State

Bushnell FL

City & State

Bushnell FL

4. FEI Number 59-3638397

Applied For
Not Applicable

Zip
33513

Country

Zip
33513

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MONTGOMERY, BILLY J
2020 EAST CR 470
SUMTERVILLE FL 33585

7. Name and Address of New Registered Agent

Name S.E. MONTGOMERY

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

294 CR 312

City Bushnell

FL

Zip Code 33513

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *S.E. Montgomery*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

2/10/03

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P
NAME MONTGOMERY, BILLY J
STREET ADDRESS 2020 EAST CR 470
CITY-ST-ZIP SUMTERVILLE FL 33585 ☒ Delete

TITLE S
NAME MINTEL, SUZANNE
STREET ADDRESS 2020 E CR 470
CITY-ST-ZIP SUMTERVILLE FL 33585 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE President
NAME S.E. MONTGOMERY
STREET ADDRESS 294 CR 312
CITY-ST-ZIP Bushnell FL 33513 ☐ Change ☐ Addition

TITLE Secretary
NAME Suzanne Mintel
STREET ADDRESS 294 CR 312
CITY-ST-ZIP Bushnell FL 33513 ☒ Change ☐ Addition

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

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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 607, 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:

Suzanne Mintel
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/10/03

352-518-1810
Daytime Phone #

CR2E034 (10/02)