

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 16, 2003 8:00 am
Secretary of State

01-16-2003 90135 038 ***150.00

DOCUMENT # P00000025456

1. Entity Name
CASTRO TRUCKING, INC.



Principal Place of Business
**4002 CANTER CT
VALRICO FL 33594**

Mailing Address
**4002 CANTER CT
VALRICO FL 33594**

40010981



2. Principal Place of Business

3. Mailing Address

P.O. Box 1183

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

VALRICO FL

4. FEI Number **59-3640906**

Applied For

Not Applicable

Zip

Country

Zip

Country

33595-NEB LINS 60 ADV

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

**CASTRO, ROBERTO
4002 CANTER CT
VALRICO FL 33594**

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

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 \$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

11.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P**
NAME **CASTRO, ROBERTO**
STREET ADDRESS **4002 CANTER CT**
CITY-ST-ZIP **VALRICO FL 33594**

☐ Delete

TITLE **VP**
NAME **CASTRO, MADELYN**
STREET ADDRESS **4002 CANTER CT**
CITY-ST-ZIP **VALRICO FL 33594**

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CR2E034 (10/02)

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:

Robert Castro
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/14/03
Date

813-267-9350
Daytime Phone #