

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2002 8:00 am
Secretary of State
 04-17-2002 90129 018 ***150.00

0194838 AV

DOCUMENT # P00000037598

1. Entity Name
MARICA TRUCKING, INC.

Principal Place of Business
5741 RIVERSIDE DRIVE
#201
CORAL SPRINGS FL 33067

Mailing Address
5741 RIVERSIDE DRIVE
#201
CORAL SPRINGS FL 33067

2. Principal Place of Business

3. Mailing Address

8713 NW 6 Court

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Coral Springs, FL

Zip

Country

Zip

Country

33071

4. FEI Number 65-1002482

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

AQUART, ERICA C
5741 RIVERSIDE DRIVE
#201
CORAL SPRINGS FL 33067

Name AQUART, ERICA C.

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

8713 NW 6 Court

City Coral Springs

FL

Zip Code 33071

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, to 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)

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☐ Delete
NAME AQUART, ERICA C
STREET ADDRESS 5741 RIVERSIDE DRIVE #201
CITY-ST-ZIP CORAL SPRINGS FL 33067

TITLE PD ☒ Change ☐ Addition
NAME Erica C. AQUART
STREET ADDRESS 8713 NW 6th Court
CITY-ST-ZIP Coral Springs, FL 33071

TITLE VD ☐ Delete
NAME PERKINS, MARLON G
STREET ADDRESS 5741 RIVERSIDE DRIVE #201
CITY-ST-ZIP CORAL SPRINGS FL 33067

TITLE VD ☒ Change ☐ Addition
NAME Perkins, Marlon G.
STREET ADDRESS 8713 NW 6th Court
CITY-ST-ZIP Coral Springs, FL 33071

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)