

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 03, 2003 8:00 am
Secretary of State

03-03-2003 90906 017 ***150.00

DOCUMENT # P00000037919

1. Entity Name
MR. TRUCK, INC.



Principal Place of Business
711 GLADE CT
PORT ORANGE FL 32127

Mailing Address
711 GLADE CT
PORT ORANGE FL 32127

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3684534**

Applied For
Not Applicable

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

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SEPASSY, LOIS J
203 INLET SHORES DR
NEW SMYRNA BEACH FL 32168

Name **HENRY L SEPASSY**
Street Address (P.O. Box Number is Not Acceptable)
203 INLET SHORES DR
NEW SMYRNA BEACH FL
City **FL** Zip Code **32168**

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 *Henry L Sepassy* **HENRY L SEPASSY** **FEB. 3 2003**
(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	D	<input checked="" type="checkbox"/> Delete
NAME	SEPASSY, LOIS	
STREET ADDRESS	203 INLET SHORES DR	
CITY-ST-ZIP	NEW SMYRNA BEACH FL 32168	
TITLE	HENRY L SEPASSY	<input type="checkbox"/> Delete
NAME	203 INLET SHORES DR	
STREET ADDRESS	NEW SMYRNA BEACH	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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 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:

Henry L Sepassy
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/3/03 386-761-1800
Date Daytime Phone #

CR2004 (10/02)