

2001 UNIFORM BUSINESS REPORT (UBR)

4/18

FILED
May 17, 2001 8:00 am
Secretary of State

04-18-2001 90055 003 ***150.00

DOCUMENT # P00000038145

1. Entity Name

RSR-TRUCK SERVICES, INC.

Principal Place of Business

1064 NW 54TH ST.
 FT. LAUDERDALE FL 33309

Mailing Address

1064 NW 54TH ST.
 FT. LAUDERDALE FL 33309

2. Principal Place of Business

PO Box 3468
 Suite, Apt. #, etc.

3. Mailing Address

PO Box 3468
 Suite, Apt. #, etc.

City & State

BOCA RATON FL
 Zip 33427 Country

City & State

BOCA RATON FL
 Zip 33427 Country

4. FEI Number

65-1003994

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

WALTERS, HARRIS N
 1064 NW 54TH ST.
 FT. LAUDERDALE FL 33309

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.

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, 2001 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 NAME STREET ADDRESS CITY-ST-ZIP	D WALTERS, HARRIS N 1064 NW 54TH ST. FT. LAUDERDALE FL 33309	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

H. Walters
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/12/01 934520-0424
 Date Daytime Phone #

CR2E034 (10/00)