

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000038242

1. Entity Name  
TOTAL TRUCK REPAIR, INC.

Principal Place of Business  
500 FARMERS MARKET ROAD #7  
FORT PIERCE FL 34982

Mailing Address  
500 FARMERS MARKET ROAD #7  
FORT PIERCE FL 34982

2. Principal Place of Business  
674 SW Montana Terr  
Suite, Apt. #, etc.

3. Mailing Address  
674 SW Montana Terr  
Suite, Apt. #, etc.

City & State  
Pt St Lucie Fla.  
Zip  
34953  
Country  
USA

City & State  
Pt St Lucie Fla  
Zip  
34953  
Country  
USA

4. FEI Number  
65-1006491

Applied For  
Not Applicable

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

## 6. Name and Address of Current Registered Agent

VALDES, LUIS A  
674 SW MONTANA TERRACE  
PORT ST. LUCIE FL 34953

## 7. Name and Address of New Registered Agent

Name  
Luis Valdes

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

647 SW Montana Terrace

City  
Pt St Lucie

FL Zip Code  
34953

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 *Luis Valdes*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4-30-01

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
*Treasurer*  
*Luis A Valdes*  
*674 SW Montana Terr*  
*Pt St Lucie, Fla 34953*

☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

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## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

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STREET ADDRESS  
CITY-ST-ZIP

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☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ 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: *Luis Valdes*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-30-01 561-340-3803

Date Daytime Phone #

**FILED**  
**May 15, 2001 8:00 am**  
**Secretary of State**

05-15-2001 90144 040 \*\*\*150.00

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DO NOT WRITE IN THIS SPACE

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CR2E034 (10/00)