

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 14, 2001 8:00 am
Secretary of State

05-14-2001 90276 003 ***158.75

DOCUMENT # P00000042541

1. Entity Name

FIRST CLASS TRUCKING, INC.

Principal Place of Business

**2245 WHITEHORSE STREET
 DELTONA FL 32738**

Mailing Address

**2245 WHITEHORSE STREET
 DELTONA FL 32738**

2. Principal Place of Business

2245 Whitehorse St

Suite, Apt. #, etc.

3. Mailing Address

2245 Whitehorse ST

Suite, Apt. #, etc.

City & State

Deltona FL

Zip

32738

Country

Volusia

City & State

DELTONA FL

Zip

32738

Country

Volusia

4. FEI Number

59-3642010

Applied For

Not Applicable

5. Certificate of Status Desired

☒

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**THORBIN, RICHARD J
 2245 WHITEHORSE STREET
 DELTONA FL 32738**

7. Name and Address of New Registered Agent

Name

Richard J. Thorbin

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

2245 Whitehorse St

City

Deltona

FL

Zip Code

32738

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 *Richard J. Thorbin*

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

(NOTE: Registered Agent signature required when reinstating)

4-20-01

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

TITLE **D** ☐ Delete
 NAME **THORBIN, RICHARD J**
 STREET ADDRESS **2245 WHITEHORSE STREET**
 CITY-ST-ZIP **DELTONA FL 32738**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **SECRETARY** ☐ Change ☒ Addition
 NAME **BETTY A. THORBIN**
 STREET ADDRESS **2245 WHITEHORSE ST**
 CITY-ST-ZIP **DELTONA FL 32738**

TITLE **VICE PRESIDENT** ☐ Change ☒ Addition
 NAME **SHELIA CRAIG**
 STREET ADDRESS **2701 66th way north**
 CITY-ST-ZIP **St. Pete 33710**

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

TITLE ☐ Change ☐ Addition
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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: *Richard J. Thorbin*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-20-01 386-789-6501

Date

Daytime Phone #

CR2E034 (10/00)