

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000079958

1. Entity Name
TRUCK STOP, INC.

FILED
Mar 05, 2001 8:00 am
Secretary of State

03-05-2001 90342 036 ***150.00

Principal Place of Business

Mailing Address

~~435 S. RODGEWOOD AVE. #210~~
~~DAYTONA BCH FL 32114~~

~~435 S. RODGEWOOD AVE. #210~~
~~DAYTONA BCH FL 32114~~

2. Principal Place of Business

3. Mailing Address

1881 NOVA RD.

1881 NOVA RD.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Holly Hill, FL

City & State

Holly Hill, FL

Zip

32117

Country

Volusia

Zip

32117

Country

Volusia

4. FEI Number

59-3664000

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

BELUS, ALLEN
435 S. RODGEWOOD AVE., #210
DAYTONA BCH FL 32114

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 **Pres V.P., Tres, Sec** ☐ Delete
NAME **Scott Culp**
STREET ADDRESS **1881 Nova Rd.**
CITY-ST-ZIP **Holly Hill, FL 32117**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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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:

Scott Culp
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1-9-01 (904) 676-0100

Daytime Phone #

CR2E034 (10/00)