

# 2002 UNIFORM BUSINESS REPORT (UBR)

0124913 AT

DOCUMENT# P00000095627

1. Entity Name  
FIRST CLASS CDL SERVICE, INC.

FILED  
02 NOV 25 AM 9:42

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

7305 BAY PINES DR.  
WESLEY CHAPEL FL 33544

Mailing Address

7305 BAY PINES DR.  
WESLEY CHAPEL FL 33544



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

8504 ADAMO DR

Suite, Apt. #, etc.

H

City & State

TAMPA FL

Zip

33619

Country

Hillsborough

3. Mailing Address

8504 ADAMO DR

Suite, Apt. #, etc.

H

City & State

TAMPA FL

Zip

33619

Country

Hillsborough

4. FEI Number 58-3678909

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

TAYLOR, JACK W  
7305 BAY PINES DR.  
WESLEY CHAPEL FL 33544

7. Name and Address of New Registered Agent

Name

Kirk Bullock

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

8504 ADAMO DR

City

TAMPA

FL

Zip Code

33619

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

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 \$550.00  
After September 13, 2002 Fee will be \$750.00  
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	P	<input checked="" type="checkbox"/> Delete
NAME	TAYLOR, JACK W	
STREET ADDRESS	7305 BAY PINES DR.	
CITY-ST-ZIP	WESLEY CHAPEL FL 33544	
TITLE	ST	<input checked="" type="checkbox"/> Delete
NAME	TAYLOR, SUELLEN D	
STREET ADDRESS	7305 BAY PINES DR.	
CITY-ST-ZIP	WESLEY CHAPEL FL 33544	
TITLE	P	<input type="checkbox"/> Delete
NAME	Kirk Bullock	
STREET ADDRESS	8504 ADAMO DR	
CITY-ST-ZIP	TAMPA FL 33619	
TITLE	VP	<input type="checkbox"/> Delete
NAME	DATRICK HEURY	
STREET ADDRESS	8504 ADAMO DR	
CITY-ST-ZIP	TAMPA FL 33619	
TITLE	ST	<input type="checkbox"/> Delete
NAME	MILISSA EVANS	
STREET ADDRESS	8504 ADAMO DR	
CITY-ST-ZIP	TAMPA FL 33619	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/21/02

Date

813 626-4015

Daytime Phone #

CR2E034 (4/02)

# *First Class*

**CDL Services, Inc.**

**TAMPA, FL. 33619**

**PHONE (813)626-4015 FAX (813)626-1879**

## **FAX COVER SHEET**

TOTAL NUMBER OF PAGES INCLUDING THIS ONE 1

DATE 10/22/02

TO: DIVISION of CORPORATIONS

FROM: Kirk Bullock

PHONE: \_\_\_\_\_

FAX: \_\_\_\_\_

### **REMARKS:**

PLEASE BE ADVISED THAT WE MOVED OUR LOCATION  
ON TWO LOCATIONS.

WE DID NOT RECEIVE ANY MAIL OR DIALOG FROM  
THE DIVISION OF CORPORATIONS

TAX ID - 593-678909