

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 26, 2002 8:00 am
Secretary of State

03-26-2002 90065 023 ***150.00

DOCUMENT #P00000102878

1. Entity Name

Poppe's Trucking, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

8249 NORMAN RD.

3. Mailing Address

P.O. BOX 568

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

LAKE GENEVA, FL

City & State

LAKE GENEVA, FL

Zip

32160

Country

USA

Zip

32160

Country

USA

4. FEI Number

59-3680012

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

SPieGEL + UTRECHT, P.A.

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

343 AMERICA AVE.

City

CORAL GABLES

FL

Zip Code

33134

**DO NOT WRITE
IN THIS SPACE**

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) ☒

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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 *HAZEL BRUCE OWNER/FP*
NAME
STREET ADDRESS *8249 NORMAN RD. BOX 568*
CITY-ST-ZIP *LAKE GENEVA FL 32160*

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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE: *Hazel E. Bruce - HAZEL E. BRUCE*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

352-473-7040

CR2E034B (12/01)