

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 08, 2003 8:00 am
Secretary of State

01-08-2003 90062 014 ***150.00

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1. Entity Name
STCB TRUCKING, INC.



Principal Place of Business

P.O. BOX 500751
MALABAR FL 32950

Mailing Address

P.O. BOX 500751
MALABAR FL 32950

69001421



2. Principal Place of Business

P.O. Box 567

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 567

Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State

ROSELAND, FL

City & State

ROSELAND, FL

4. FEI Number

59-3685211

Applied For

Not Applicable

Zip

32957

Country

USA

Zip

32957

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

JACOBY, DAVID H

1581 ROBERT J. CONLAN BLVD NE STE 100

PALM BAY FL 32905

7. Name and Address of New Registered Agent

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. 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

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME ☐ Delete
D SANDERS, MICHAEL C
STREET ADDRESS P.O. BOX 500751
CITY-ST-ZIP MALABAR FL 32950

TITLE NAME ☐ Delete
D SANDERS, CHRISTINE R
STREET ADDRESS P.O. BOX 500751
CITY-ST-ZIP MALABAR FL 32950

TITLE NAME ☐ Delete
D SANDERS, RICHARD P
STREET ADDRESS 72 CARMEN AVE E
CITY-ST-ZIP ROCKAWAY NY 11518

TITLE NAME ☐ Delete
D SANDERS, PATRICIA A
STREET ADDRESS 72 CARMEN AVE E
CITY-ST-ZIP ROCKAWAY NY 11518

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS P.O. BOX 567
CITY-ST-ZIP ROSELAND, FL 32957

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS P.O. BOX 567
CITY-ST-ZIP ROSELAND, FL 32957

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS 420 Spruce St
CITY-ST-ZIP BAREFOOT BAY, FL 32976

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS 420 Spruce St
CITY-ST-ZIP BAREFOOT BAY, FL 32976

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

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Michael C. Sanders* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-5-03 Date

321-960-3610 Daytime Phone #

CR2E034 (10/02)