

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 10, 2001 8:00 am
Secretary of State
 05-10-2001 90047 026 ***150.00

DOCUMENT # P00000105100

1. Entity Name
FAST TRACK TRUCKING, INC.

Principal Place of Business
**5803 OAKLANE DRIVE
 JACKSONVILLE FL 32224**

Mailing Address
**5803 OAKLANE DRIVE
 JACKSONVILLE FL 32224**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
5803 Oaklane Drive
 Suite, Apt. #, etc.

3. Mailing Address
5803 Oaklane Drive
 Suite, Apt. #, etc.

City & State
Jacksonville Florida
 Zip
32244
 Country
Duval

City & State
Jacksonville Florida
 Zip
32244
 Country
Duval

4. FEI Number
59-3679848

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

TROTTER, DAVID P
5571 PLAYA WAY
JACKSONVILLE FL 32211

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
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
PSD
BROWN, STEVEN J
5803 OAKLANE DRIVE
JACKSONVILLE FL 32224

☐ Delete

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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
VTD
LENTON, TONYA
5803 OAKLANE DRIVE
JACKSONVILLE FL 32224

☐ Delete

TITLE
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 CITY-ST-ZIP
☐ Change ☐ Addition

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 CITY-ST-ZIP
☐ Change ☐ Addition

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: **Tonya Lenton**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 26, 2001 (904) 772-6634
 Date Daytime Phone #

CR2E034 (10/00)