

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

FILED
May 14, 2002 8:00 am
Secretary of State

05-14-2002 90343 008 ***150.00

DOCUMENT # P00000107771

1. Entity Name

Tallahassee Truck + Auto Accessories

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2168 West Tenn. St.

3. Mailing Address

2168 West Tenn. St

Suite, Apt. #, etc.

N/A

Suite, Apt. #, etc.

N/A

City & State

TALL. FL.

City & State

TALL. FL.

4. FEI Number

59-3682027

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

DALE M. Acosta

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

3042 Fernmeagh DR

City

Tallahassee

FL

Zip Code

32308

**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

DALE M. Acosta Pres.

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4-30-02

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	<u>Pres.</u>
NAME	<u>DALE M. ACOSTA</u>
STREET ADDRESS	<u>2433 FALLING WATER WAY</u>
CITY-ST-ZIP	
TITLE	<u>Pres.</u>
NAME	<u>DALE M. ACOSTA</u>
STREET ADDRESS	<u>3042 Fernmeagh DR</u>
CITY-ST-ZIP	<u>TALLAHASSEE FL 32308</u>
TITLE	<u>Vice Pres</u>
NAME	<u>Brian F. Hobbs</u>
STREET ADDRESS	<u>8885 CALEDONIAN CT</u>
CITY-ST-ZIP	<u>Tallahassee FL 32312</u>
TITLE	<u>Sect.</u>
NAME	<u>Rengan H Hobbs</u>
STREET ADDRESS	<u>2324 Gates DR</u>
CITY-ST-ZIP	<u>Tallahassee FL 32312</u>
TITLE	
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)