

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**


FILED
Sep 02, 2003 8:00 am
Secretary of State

8/1:

08-15-2003 90081 030 ***150.00

DOCUMENT # P01000007338

1. Entity Name
TRUX SERVICE CENTER, INC.



Principal Place of Business
**115 WEST GRANT STREET
ORLANDO FL 32806**

Mailing Address
**115 WEST GRANT STREET
ORLANDO FL 32806**

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State
Zip Country

City & State
Zip Country

4. FEI Number **59-3691275**
Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**W. THOMAS DYER, ESQ.
414 N. FEDERAL AVE.
ORLANDO FL 32803**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$550.00
After September 10, 2003 Fee will be \$750.00
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 STREET ADDRESS CITY-ST-ZIP | PST MANEY, DAVID A 115 WEST GRANT STREET ORLANDO FL 32806 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | V MANEY, DON E 115 WEST GRANT STREET ORLANDO FL 32806 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

SIGNATURE: *David A. Maney* **SIGNATURE REQUIRED** *Don E. Maney*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: **8/25/03** Daytime Phone #: **407.405.3654**

CR2E034 (4/03)

TruX Service Center, Inc.

115 W. Grant Street
P.O. Box 560460
Orlando, FL 32806
(407)425-3654
(407)648-4650 FAX

Attachment # 55055424

PO1000007338



August 12, 2003

To Whom it may concern,

This is the first notice that I have received no prior notice was sent. I request the late fee be waived.

David A. Maney
TruX Service Center, Inc.

A handwritten signature in black ink, appearing to read 'David A. Maney', written over a horizontal line.