

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 01, 2003 8:00 am
Secretary of State

07-21-2003 90134 012 ***550.00

DOCUMENT # P01000019100

1. Entity Name

FORT MYERS TRUCK SERVICE, INC.



Principal Place of Business
**441 DEL PRADO BLVD NORTH
SUITE #8
CAPE CORAL FL 33909**

Mailing Address
**441 DEL PRADO BLVD NORTH
SUITE #8
CAPE CORAL FL 33909**

44005670

2. Principal Place of Business

3. Mailing Address

☐ CHECK HERE IF MAKING CHANGES

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0831610**

Applied For
Not Applicable

Zip

Country

Zip

Country

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

**CRIOLLO, MANUEL N
441 DEL PRADO BLVD NORTH
SUITE #8
CAPE CORAL FL 33909**

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 \$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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME	D CRIOLLO, MANUEL N	<input type="checkbox"/> Delete
STREET ADDRESS	615 SE 21ST TERRACE	
CITY-ST-ZIP	CAPE CORAL FL 33990	
TITLE NAME	D CALDERON, JOSELIN	<input type="checkbox"/> Delete
STREET ADDRESS	2209 SE 3RD TERRACE	
CITY-ST-ZIP	CAPE CORAL FL 33990	
TITLE NAME	D CRIOLLO, MANUEL J	<input type="checkbox"/> Delete
STREET ADDRESS	1715 SE 8TH AVE.	
CITY-ST-ZIP	CAPE CORAL FL 33990	
TITLE NAME	D CALDERON, RAFAEL	<input type="checkbox"/> Delete
STREET ADDRESS	4937 VICEROY CT., APT. B	
CITY-ST-ZIP	CAPE CORAL FL 33904	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

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

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Manuel J. Criollo 7/29/03

Date

Daytime Phone #

CR2E034 (4/03)