

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000026286

1. Entity Name
LESTER HILTS TRUCKING, INC.

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

07-28-2002 90176 024 ***150.00
08-14-2002 90027 027 ***400.00

Principal Place of Business
15290 ADDAX AVENUE
PT CHARLOTTE FL 33981

Mailing Address
15290 ADDAX AVENUE
PT CHARLOTTE FL 33981

80134419

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FFL Number
65-1082431

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

IZZO, JOHN P
180 N INDIANA AVENUE
ENGLEWOOD FL 34223

Name
JOHN IZZO
Street Address (P.O. Box Number is Not Acceptable)
713 SO. INDIANA AVE
ENGLEWOOD
City
FL 34223

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

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 \$550.00
After September 13, 2002 Fee will be \$750.00
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
PRESIDENT
LESTER W. HILTS
15290 ADDAX AVE
PT CHARLOTTE FL 33981

☐ Delete

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

TITLE
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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: SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-23-2002

Date

Daytime Phone #

CR2E034 (4/02)