

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

0029196 AV

DOCUMENT # P01000031128

1. Entity Name

D & B MOBILE TRUCK REPAIRS INC.



FILED

03 JUL 18 PM 3:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business

21500 NW 7 CT

PEMBROKE PINES FL 33029

Mailing Address

21500 NW 7 CT

PEMBROKE PINES FL 33029

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-1102251

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

DALE, ANDREWS

4200 SHERIDAN ST, APT 359

HOLLYWOOD FL 33021

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

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

(NOTE: Registered Agent signature required when reinstalling)

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

TITLE ☐ Delete
NAME D
STREET ADDRESS MCMURDY, BRUCE
CITY-ST-ZIP 21500 400 7CT
PEMBROKE PINES FL 33025

TITLE ☐ Delete
NAME D
STREET ADDRESS ANDREWS, DALE
CITY-ST-ZIP 4200 SHERIDAN ST APT 355
HOLLYWOOD FL 33021

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 000021764020
CITY-ST-ZIP 07/24/03--01030--016 **150.00

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

TITLE ☐ Change ☐ Addition
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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (4/03)

Attachment#

D&B Mobile Truck Repairs Inc
21500 NW 7th Court
Pembroke Pines FL 33021
Ph.954-392-7538

PO10000631128

July 14th, 2003

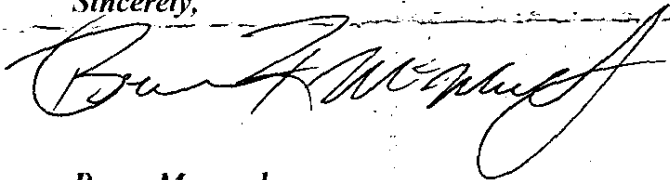
Division Of Corporations
Uniform Business Report
Tallahassee FL 32302

RE: Uniform Business Report

Dear Division Of Corporations,

Please, be advised that this year was a very difficult year for our family. After 6 months of suffering we lost our daughter in April in a battle with cancer. We were so much preoccupied in this difficult situation that we forget to pay the annual filing fee on time. Please take this in consideration and wave our penalty. We appreciate your help.

Sincerely,



Bruce McMurdy
Director