

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 03, 2002 8:00 am
Secretary of State

0541088 AV

04-03-2002 90009 007 ***150.00

DOCUMENT # P01000044143

1. Entity Name
COMISKEY TRUCKING, INC.

Principal Place of Business 7170 RED OAK CR NEW PORT RICHEY FL 34654	Mailing Address 7170 RED OAK CR NEW PORT RICHEY FL 34654
--	--



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEL Number		Applied For
Suite, Apt. #, etc.		Suite, Apt. #, etc.		59-3726263		Not Applicable
City & State		City & State		5. Certificate of Status Desired		\$8.75 Additional Fee Required
NEW PORT RICHEY, FL		NEW PORT RICHEY, FL		<input type="checkbox"/>		
Zip	Country	Zip	Country			
34656	USA	34656	USA			

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent					
WASHINGTON, CHARLES M 2451 ATWELL CT NEW PORT RICHEY FL 34655				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.

SIGNATURE _____ (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) <input type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After May 1, 2002 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
---	---	--

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COMINSKEY, CHRISTOPHER	NAME	COMINSKEY, CHRISTOPHER
STREET ADDRESS	7170 RED OAK CR	STREET ADDRESS	P.O. Box 83
CITY-ST-ZIP	NEW PORT RICHEY FL 34654	CITY-ST-ZIP	N.P.R., FL 34656
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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]* **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR** **3-27-02** **127 812 2083**
 Date Daytime Phone #

CR2E034 (9/01)