

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 09, 2002 8:00 am
Secretary of State

05-09-2002 90016 029 ***150.00

0550912
 AV

DOCUMENT # P01000052333

1. Entity Name

ALL FLORIDA TRUCK & EQUIPMENT INC.

Principal Place of Business

**4734 CR 141
 WILDWOOD FL 34785**

Mailing Address

**4734 CR 141
 WILDWOOD FL 34785**

2. Principal Place of Business

4734 CR 141

3. Mailing Address

4734 CR 141

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Wildwood

City & State

Wildwood FL

Zip

34785

Country

US

Zip

34785

Country

US

4. FEI Number

Applied For

☒ Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

PASTOR, THOMAS

4734 CR 141

WILDWOOD FL 34785

7. Name and Address of New Registered Agent

Name **MARK CARUTHERS**

Street Address (P.O. Box Number is Not Acceptable)

4734 CR 141

City

Wildwood

FL

Zip Code

34785

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

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 \$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. ☐

**\$5.00 May Be
 Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE **D** ☒ Delete
 NAME **PASTOR, THOMAS**
 STREET ADDRESS **4734 CR 141**
 CITY-ST-ZIP **WILDWOOD FL 34785**

TITLE **D** ☒ Delete
 NAME **MARKELL, THOMAS K**
 STREET ADDRESS **4734 CR 141**
 CITY-ST-ZIP **WILDWOOD FL 34785**

TITLE **D** ☐ Delete
 NAME **CARUTHERS, MARK S**
 STREET ADDRESS **4734 CR 141**
 CITY-ST-ZIP **WILDWOOD FL 34785**

TITLE **D** ☒ Delete
 NAME **ELLWOOD, GARY F**
 STREET ADDRESS **4734 CR 141**
 CITY-ST-ZIP **WILDWOOD FL 34785**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
 NAME **PRES/SEC/TRES/D**
 STREET ADDRESS **CARUTHERS, MARK S**
 CITY-ST-ZIP **4734 CR 141 FL 34785**

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

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

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 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 person 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 to an address, with all other like empowered.

SIGNATURE:

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

Date

Daytime Phone #

CR2E034 (9/01)