

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 29, 2003 8:00 am
Secretary of State

04-29-2003 90058 037 ***150.00

DOCUMENT # P01000078990



1. Entity Name
FLORIDA T AND T TRUCKING, INC.

Principal Place of Business
P.M.B. 35
P.O. BOX 413005
NAPLES FL 34101

Mailing Address
P.M.B. 35
P.O. BOX 413005
NAPLES FL 34101



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3570816**

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

**TALMADGE, TYLER
1021 HOLLYGATE LANE
NAPLES FL 34103**

New address listed below

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 \$150.00

After May 1, 2003 Fee will be \$550.00

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 ☐ Delete
NAME **PD TALMADGE, TYLER**
STREET ADDRESS **1021 HOLLYGATE LANE**
CITY-ST-ZIP **NAPLES FL 34103**

TITLE ☒ Change ☐ Addition
NAME **PD Talmadge, Tyler**
STREET ADDRESS **6102 Whiskey Creek Dr # 305**
CITY-ST-ZIP **Ft. Myers, FL 33919**

TITLE ☐ Delete
NAME **VP LAZO, ANTHONY**
STREET ADDRESS **525 BAREFOOT WILLIAMS RD**
CITY-ST-ZIP **NAPLES FL 34113**

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

TITLE ☒ Delete
NAME **SEC GUISTO, THOMAS**
STREET ADDRESS **2951 48TH TER**
CITY-ST-ZIP **NAPLES FL 34116**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME **Sec Douglas Wentzel**
STREET ADDRESS **1800 Lucky Ln.**
CITY-ST-ZIP **Naples, FL 34105**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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

Date Daytime Phone #

4/28/03 (239) 216-3000

CR2E034 (10/02)