

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 12, 2002 8:00 am
Secretary of State

03-12-2002 90879 044 ***150.00

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DOCUMENT # P01000080464

1. Entity Name

MARK MCCANN'S TRUCKING INC.

Principal Place of Business

**1427 SE 23 PL
 CAPE CORAL FL 33990**

Mailing Address

**1427 SE 23 PL
 CAPE CORAL FL 33990**

2. Principal Place of Business

2301 SW 23rd St

Suite, Apt. #, etc.

3. Mailing Address

2301 SW 23rd St

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Cape Coral, FL

Zip **33991**

Country

USA

City & State

Cape Coral, FL

Zip **33991**

Country

USA

4. FEI Number

65-1133489

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MCCANN, MARK

**1427 SE 23 PL
 CAPE CORAL FL 33990**

7. Name and Address of New Registered Agent

Name

Mark McCann

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

2301 SW 23rd St

City

Cape Coral

FL

Zip Code

33991

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	NAME	MCCANN, MARK	<input type="checkbox"/> Delete
STREET ADDRESS			1427 SE 23 PL	
CITY-ST-ZIP			CAPE CORAL FL 33990	
TITLE	D	NAME	MCCANN, APRIL	<input type="checkbox"/> Delete
STREET ADDRESS			1427 SE 23 PL	
CITY-ST-ZIP			CAPE CORAL FL 33990	
TITLE		NAME		<input type="checkbox"/> Delete
STREET ADDRESS				
CITY-ST-ZIP				
TITLE		NAME		<input type="checkbox"/> Delete
STREET ADDRESS				
CITY-ST-ZIP				
TITLE		NAME		<input type="checkbox"/> Delete
STREET ADDRESS				
CITY-ST-ZIP				

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	NAME	McCann, mark	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS			2301 SW 23rd St	
CITY-ST-ZIP			Cape Coral, FL 33991	
TITLE	VP	NAME	McCann, April	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS			2301 SW 23rd St	
CITY-ST-ZIP			Cape Coral, FL 33991	
TITLE		NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS				
CITY-ST-ZIP				
TITLE		NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS				
CITY-ST-ZIP				
TITLE		NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 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:

April McCann

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/26/02

DATE

941-283-2428

DAYTIME PHONE #

CR2E034 (9/01)