

FILED
Aug 01, 2002 8:00 am
Secretary of State

DOCUMENT # P01000116335
1. Entity Name

S & M Truck World II, Inc.

2. Principal Place of Business 2223 Buena Vista Dr Suite, Apt #, etc	3. Mailing Address 2223 Buena Vista Dr Suite, Apt #, etc
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City & State <i>Clearwater</i>	City & State <i>Clearwater</i>
Zip <i>FL</i>	Zip <i>33764</i>
County <i>Pinellas</i>	County <i>Pinellas</i>

5 Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

**DO NOT WRITE
IN THIS SPACE**

FRANK J Letter.

Street Address (P.O. Box Number is Not Acceptable)
2223 Buena Vista Dr

City Cleawater FL FL Zip Code 33764

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) ☒

10. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

NAME	FRANK J Letteri
STREET ADDRESS	2223 Buena Vista DR
CITY-STATE	Clearwater FL 33764

NAME	Mary Anne D Letteri
STREET ADDRESS	2223 Buena Vista DR
CITY-ST-ZIP	Clearwater FL 33764

NAME	
STREET ADDRESS	
CITY OF THE	
STATE OF THE	

TITLE	
ATTENTION	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-STATE	

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NAME	STREET ADDRESS	CITY	STATE	ZIP
TITLE				

PHONE	
STREET ADDRESS	
CITY, ST, ZIP	

TITLE	UNION-REPUBLICAN PARTY OF THE STATE OF NEW YORK
NAME	UNION-REPUBLICAN PARTY OF THE STATE OF NEW YORK

DO NOT WRITE

IN THIS SPACE

NAME _____
STREET ADDRESS _____

[illegible]

11117

STREET ADDRESS	
CITY-ST-ZIP	

TITLE	10-11-68
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[illegible]

CITY-ST-201-4

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 110.07(3)(a), Florida Statutes. I further certify that the information indicated on this form is true and accurate, and that I, or my agent, 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 on an attachment with an address, with all other like empowered.

STANDARD 23:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER FOR DIRECTOR

7-29-00

11310

727 847 0860

1. The first step is to identify the problem or question that needs to be answered. This involves understanding the context and the specific requirements of the task.

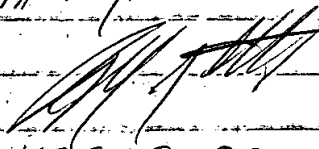
C:\R2E034B (12/01)

Division of Corporations,

Attachment
9/19/75

Back on April 15th I sent
The Form UBR and a check
for \$150⁰⁰. Today is July 29th I
have not seen a canceled check at
this time, so I will put a stop payment
on that check and issue another one
at this time. I'm sorry for this
inconvenience. Please accept this check
for 150⁰⁰. If there is any problems
contact me at 727-847-0860
FRANK J Letteri.

Thank you



PS I called your # 850 488 9000 and
the person told me to download this form
and reissue a check and you would contact
me if there is any questions.

Thank's