


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

**FILED**  
**Feb 24, 2003 8:00 am**  
**Secretary of State**

02-24-2003 90956 038 \*\*\*150.00

**DOCUMENT # P02000003070**

1. Entity Name  
**DAN TESTON TRUCKING, INC.**



Principal Place of Business  
**762 ANDOVER CIRCLE  
WINTER SPRINGS FL 32708**

Mailing Address  
**762 ANDOVER CIRCLE  
WINTER SPRINGS FL 32708**

2. Principal Place of Business  
**SAME**

3. Mailing Address  
**1310 ANGELINE AVE.**

Suite, Apt. #, etc.

City & State  
**ORLANDO, FL.**

City & State  
**ORLANDO, FL.**

Zip  
**32807**

Country  
**ORANGE**

4. FEI Number  
**26-0009418**

Applied For  
 Not Applicable

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



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**TESTON, DANIEL G  
762 ANDOVER CIRCLE  
WINTER SPRINGS FL 32708**

7. Name and Address of New Registered Agent

Name  
**JOE D. TESTON**

Street Address (P.O. Box Number is Not Acceptable)  
**1310 ANGELINE AVE.**

City  
**ORLANDO**

State  
**FL**

Zip Code  
**32807**

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 *Joe D. Teston* Sec. - **JOE D. TESTON**

Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)

**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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD TESTON, DANIEL G 762 ANDOVER CIRCLE WINTER SPRINGS FL 32708	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD TESTON, SUZANNE H 1310 ANGELINE AVE. ORLANDO FL 32807	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD TESTON, JOE D 1310 ANGELINE AVE. ORLANDO FL 32807	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP JOE D. TESTON 1310 ANGELINE AVE. ORLANDO, FL. 32807	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC/TRES. SUZANNE H. TESTON 1310 ANGELINE AVE ORLANDO, FL. 32807	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Joe D. Teston* **JOE D. TESTON** VP. 407-509-1702

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/02)