

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2003 8:00 am
Secretary of State

04-23-2003 90187 017 ***150.00

DOCUMENT # P02000003719

1. Entity Name
DOUBLE T TRUCKING, INC.



Principal Place of Business
**121 35TH AVE. NE
NAPLES FL 34120**

Mailing Address
**121 35TH AVE. NE
NAPLES FL 34120**



2. Principal Place of Business

2871 2nd St., NE

Suite, Apt. #, etc.

3. Mailing Address

2871 2nd St., NE

Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State

NAPLES, FL

City & State

NAPLES, FL

4. FEI Number

47-0860610

Applied For

☐ Not Applicable

Zip

34120

Country

USA

Zip

34120

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**CHEATHAM, THOMAS
121 35TH AVE. NE
NAPLES FL 34120**

7. Name and Address of New Registered Agent

Name

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

2871 2nd St., NE

City

NAPLES

FL

Zip Code

34120

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

TITLE **D** ☐ Delete
NAME **CHEATHAM, THOMAS**
STREET ADDRESS **121 35TH AVE. NE**
CITY-ST-ZIP **NAPLES FL 34120**

TITLE **D** ☐ Delete
NAME **CHEATHAM, TRACEY**
STREET ADDRESS **121 35TH AVE. NE**
CITY-ST-ZIP **NAPLES FL 34120**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☒ Change ☐ Addition
NAME **Thomas Cheatham**
STREET ADDRESS **2871 2nd St., NE**
CITY-ST-ZIP **NAPLES, FL 34120**

TITLE **D** ☒ Change ☐ Addition
NAME **Tracey Cheatham**
STREET ADDRESS **2871 2nd St., NE**
CITY-ST-ZIP **NAPLES, FL 34120**

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

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: **Tracey Cheatham**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-23-03 239-352-3570

Date Daytime Phone #

CR2E034 (10/02)