


# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 01, 2003 8:00 am**  
**Secretary of State**

05-01-2003 90411 021 \*\*\*150.00

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<b>DOCUMENT #</b> P02000019702	
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1. Entity Name  
**IRA TRUCKING CORP.**

Principal Place of Business  
**4752-YELLOWSTONE-DR.  
NEW PORT RICHEY FL 34655**

Mailing Address  
**4752-YELLOWSTONE-DR.  
NEW PORT RICHEY FL 34655**

2. Principal Place of Business  
**10325 ALBERTA COURT**

3. Mailing Address  
**SAME**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
**NEW PORT RICHEY**

City & State

4. FEI Number  
**01-0599844**

Applied For  
Not Applicable

Zip  
**34654**

Country

Zip

Country

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

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**JURASZEK, IRECK W  
4752-YELLOWSTONE-DR.  
NEW PORT RICHEY FL 34655**

Name

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

**10325 ALBERTA COURT**

City **NEW PORT RICHEY FL** Zip Code **34654**

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.

**IRECK JURASZEK**

**3/21/03**

(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**

**CORRECT SPELLING**

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 **D** ☐ Delete  
NAME **JURASZEK, IRECK W**  
STREET ADDRESS **4752-YELLOWSTONE-DR.**  
CITY-ST-ZIP **NEW PORT RICHEY FL 34655**

TITLE **P** ☒ Change ☐ Addition  
NAME **JURASZEK IRECK W**  
STREET ADDRESS **10325 ALBERTA COURT**  
CITY-ST-ZIP **NEW PORT RICHEY, FL 34654**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

TITLE ☐ Delete  
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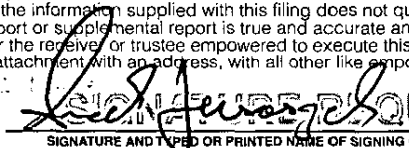
TITLE ☐ Delete  
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CITY-ST-ZIP

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:  **IRECK JURASZEK**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/21/03 727-505-9635**  
Date Daytime Phone #

CR2E034 (10/02)