

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 05, 2003 8:00 am
Secretary of State

03-05-2003 90027 035 ***150.00

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DOCUMENT # P02000022678



1. Entity Name
JOSEPH S GLEMB A TRUCKING COMPANY

Principal Place of Business
**35054 SOUTHWEST 188TH PLACE LOT 90
HOMESTEAD FL 33034**

Mailing Address
**35054 SOUTHWEST 188TH PLACE LOT 90
HOMESTEAD FL 33034**



2. Principal Place of Business
1763 RIDGE AVE.

3. Mailing Address
1763 RIDGE AVE

Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State
HOLLY HILL, FL

City & State
HOLLY HILL, FL.

4. FEI Number _____ Applied For Not Applicable

Zip
32117 Country
USA

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

6. Name and Address of Current Registered Agent

**GLEMBA, JOSEPH S
35054 SOUTHWEST 188TH PLACE LOT 90
HOMESTEAD FL 33034**

7. Name and Address of New Registered Agent

Name
Glemba, Joseph S

Street Address (P.O. Box Number is Not Acceptable)
1763 Ridge Ave

City
Holly Hill, FL 32117 **FL** Zip Code

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]* DATE: **1-24-2003**

(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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP GLEMBA, JOSEPH S 35054 SOUTHWEST 188TH PLACE LOT 90 HOMESTEAD FL 33034 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *[Signature]* **SIGNATURE REQUIRED** DATE: **1-24-2003** 386 673-9297

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (10/02)