

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

0178121 AV

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.

Zip
32117

Country
USA

4. FEI Number
Applied For
 Not Applicable

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

State
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

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"/> 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		<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
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: *[Signature]* **SIGNATURE REQUIRED** DATE: **1-24-2003** DAYTIME PHONE #: **386 673-9297**

(NOTE: Registered Agent signature required when reinstating)

CR2E034 (10/02)