2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

P02000028579

1. Entity Name

R.S.& C TRUCKING INC



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

05-01-2003 90243 031 ***150.00

Mailing Address SAS SABONMONAY OOTHA FL 31734 2. Phrincipal Place of Business SASY SABONMONAY OOTHA FL 31734 2. Phrincipal Place of Business Sasy SABONMONAY OOTHA FL 31734 2. Phrincipal Place of Business Savine April F, etc. Savine April F, etc. Savine April F, etc. Savine April F, etc. City & State C							600 W	TRI	}					
Surie, Apt. #, etc. CRECK HERE IF MAKING CHANGES City & State Criy & State 4. FEI Number Of J - 36 20 863 Applied For Dot J - 36 20 863 Applied F	3957 SHADOWINDWAY				3957 SHADOWINDWAY									
City & State Cry	2. Principal P	lace of Busin	ness	3. Ma	3. Mailing Address									
Country Zin Country Zin Country Zin Country S. Certificate of Status Desired St. 75 Additional Five Required St. 75 Additi	Suite, Apt. #, etc.				Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES					
Secretary Secr	City & State				City & State				4. F	El Number 04 -362	086	3 Ap		
BASSIT, NANJUMÁR 3957 SHADOWINDWAY GOTHA FL 34734 8. The above named entity submits this externent for the purpose of changing its registered dillice or registered agent or both, in the State of Porida. I am familiar with, and accept the obligations of registered agent. SICHATURE FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State D. OFFICER SAND DIRECTORS ITILE BASSIT, NANUMAR 3957 SHADOWINDWAY GOTHA FL 34734 PAGISTO, NANUMAR 3957 SHADOWINDWAY GOTHA FL 34734 Delete TILE Delete TILE	Zip		Country	Zip Country			5. 0		□ \$	8.75 Add	litional			
BASSIT, NANJUMAR 395 SHADOWINDWAY GOTHA FL 34734 Title BASSIT, NANJUMAR 395 ST SHADOWINDWAY GOTHA FL 34734 TITLE NAME BASSIT, NANJUMAR 395 ST SHADOWINDWAY GOTHA FL 34734 TITLE NAME BASSIT, NANJUMAR 395 ST SHADOWINDWAY City Cro THA . FL Zip Code 34/73 3/9 TITLE NOW!!! FEE IS \$150.00 Atter May 1, 2003 Fee will be \$500.00 Make Check Payable to Florida Department of State 10	 	6. Name	and Address of Current	Register	ed Agent		 _		7. N	Jame and Address of New Regi			<u> </u>	
Street Address [P.O. Box Numer Not Accordable.] Street Address [P.O. Box Numer Nu														
City C-D THA - FL Z*PC Code 34473 4* 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida, I am familiar with, and accept the obligations of registered agent. SIGNATURE					Street Addre									
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 site if applicable. (NOTE Registered Agent agritude required when reinstance) Page			AY						95	1 SHA DOWIND	WAY			
THE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 10.	_		÷ ;		C			TO T	HA	۹٠	FL	Zip Code	4734	
FILE NOW!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE NAME SIREET ADDRESS OCHY-ST-ZIP TITLE NAME SIREET ADDRESS OCHY-ST-ZIP TITLE NAME SIREET ADDRESS OCHY-ST-ZIP TITLE NAME SIREET ADDRESS OCHY-ST-ZIP TITLE NAME SIREET ADDRESS OCHY-ST-ZIP TITLE SIRET ADDRESS OCHY-ST-ZIP TITLE SIRET ADDRESS OCHY-ST-ZIP SIRE														
After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 10.														
TITLE PASSIT, NANJUMAR SIREET ADDRESS CITY-ST-ZIP TITLE NAME SIREET ADDRESS CITY-ST-ZIP	After May 1, 2003 Fee will be \$550.00													
TITLE MAME SIRECT ALDRESS CITY-ST-ZIP TITLE NAME SIRECT ALDRESS CITY-ST-ZIP SIRECT ALDRESS CITY-ST-ZIP TITLE NAME SIRECT ALDRESS CITY-ST-ZIP									}	<u> </u>				
CITY-ST-ZIP GOTHA FL 34734 . CITY-ST-ZIP G-OTH A. FL . 34/734/ TITLE NAME STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP			OFFICERS AND	DIRECTO		_		_						
CITY-ST-ZIP GOTHA FL 34734 . CITY-ST-ZIP G-OTH A. FL . 34/734/ TITLE NAME STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	·	•	JANI II INAAD		□ Delete			PB	ASS	sit NANKUMA	7-R2 1	Change Ch	Addition	
CITY-ST-ZIP GOTHA FL 34734 . CITY-ST-ZIP G-OTH A. FL . 34/734/ TITLE NAME STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP					• • • • • • • • • • • • • • • • • • • •			34	757	SHADOWIND WAY	•			
TITLE	' '								Tro	THA. FL. 347	134			
NAME STREET ADDRESS CITY-ST-ZIP CTANGE CITY-ST-ZIP	TITLE				□ Delete	TITLE	.					7 Change	☐ Addition	
CITY-ST-ZIP			ī.		2 00.000						-			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STREET ADDRESS					STRE	ET ADDRESS							
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	CITY-ST-ZIP					CITY	-ST-ZIP							
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE ^	-			☐ Delete	TITLE						Change	Addition	
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP														
TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE Delete									·	reflective of the second services.	e shij	- -	4.4 V m.	
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	-, -=					lacksquare								
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP					니 Delete	•					L	_) Change	☐ Addition	
CITY-ST-ZIP								ı					1	
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP	,												1	
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP	TITLE				□ Delete	TITLE				·	Γ] Change	Addition	
CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP											_		_	
TITLE Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP	STREET ADDRESS					STRE	ET ADDRESS							
NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP	CITY-ST-ZIP					CITY	-ST-ZIP							
STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP					☐ Delete	TITLE					[] Change	Addition	
CITY-ST-ZIP CITY-ST-ZIP	i		/			-								
~~~~ <del>\</del>			/				i i							
		artify that the	information augustical	otion 1	110 07/2\(\)) Elecido Statista 1 (	ther ecoses	that the !-	formation						

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:** 

321-689-7690

Daytime Phone #