

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

3108114 AV

DOCUMENT # P02000039759

1. Entity Name
MCTRUCK, INC.



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 MAY -7 PM 12:51

Principal Place of Business
516 OLD ORCHARD LANE
ORLANDO FL 32809

Mailing Address
516 OLD ORCHARD LANE
ORLANDO FL 32809

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

38-3655626

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PHILIP K. CALANDRINO, PA
7232 SAND LAKE ROAD SUITE 201
ORLANDO FL 32819

Name

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

City

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. This document is not required if the obligations of registered agent.

SIGNATURE

Signature of person named in item 6. If not applicable, leave blank.

(NOTE: Registered Agent signature required when effecting change.)

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
First Fund Contribution

\$5.00 May Be
Added to Cost

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	Delete
PRESIDENT	PHILIP M. McCollam	516 OLD ORCHARD LN	ORLANDO FL 32809	☐
				☐
				☐
				☐
				☐
				☐

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	Change	Addition
				☐	☐
				☐	☐
				☐	☐
				☐	☐
				☐	☐

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

Philip M. McCollam

PHILIP M. McCollam

3-26-03

321-287-5452

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone Number

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