

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 12, 2003 8:00 am**  
**Secretary of State**

01-21-2003 90131 035 \*\*\*150.00

**DOCUMENT # P02000084350**

1. Entity Name  
**CTB TRUCK BROKERAGE, INC.**



Principal Place of Business  
**220 SOUTH FLAGLER AVENUE  
HOMESTEAD FL 33030  
US**

Mailing Address  
**220 SOUTH FLAGLER AVENUE  
HOMESTEAD FL 33030  
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number  
**11-3646629**

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

**CHAMBERS, THOMAS R  
25201 SW 147 AVENUE  
HOMESTEAD FL 33032**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

(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**

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	<b>PRES</b>	<input type="checkbox"/> Delete
NAME	<b>THOMAS R CHAMBERS</b>	
STREET ADDRESS	<b>25201 SW 147 AVE</b>	<b>33030</b>
CITY-STATE-ZIP	<b>HOMESTEAD, FL</b>	
TITLE	<b>V.P.</b>	<input type="checkbox"/> Delete
NAME	<b>MARYLOU CHAMBERS</b>	
STREET ADDRESS	<b>25201 SW 147 AVE</b>	
CITY-STATE-ZIP	<b>HOMESTEAD, FL</b>	
TITLE	<b>SEC</b>	<input type="checkbox"/> Delete
NAME	<b>STEVEN WILSON</b>	
STREET ADDRESS	<b>220 S FLAGLER AVE</b>	
CITY-STATE-ZIP	<b>HOMESTEAD FL 33030</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-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 supplement to this 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 REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**1/17/02 305 247-1286**

CR2E034 (10/02)