

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 21, 2003 8:00 am
Secretary of State

01-21-2003 90507 050 ***150.00

NR50449 AV

DOCUMENT # P02000085799

1. Entity Name
TRUCK UNIVERSE, INC.



Principal Place of Business
1212 W WATERS AVE
TAMPA FL 33604

Mailing Address
1212 W WATERS AVE
TAMPA FL 33604



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

as above

Suite, Apt. #, etc.

as above

City & State

City & State

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

55-0794172

Applied For

Not Applicable

Zip

Country

Zip

Country

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

COVERT, MICHAEL LENT
1212 W WATERS AVE
TAMPA FL 33604

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	PD	<input type="checkbox"/> Delete
NAME	COVERT, MICHAEL LENT	
STREET ADDRESS	1212 W WATERS AVE	
CITY-ST-ZIP	TAMPA FL 33604	
TITLE	V	<input type="checkbox"/> Delete
NAME	COVERT, MICHAEL LINN	
STREET ADDRESS	1212 W WATERS AVE	
CITY-ST-ZIP	TAMPA FL 33604	
TITLE	S	<input type="checkbox"/> Delete
NAME	COVERT, ELIZABETH	
STREET ADDRESS	1212 W WATERS AVE	
CITY-ST-ZIP	TAMPA FL 33604	
TITLE	T	<input type="checkbox"/> Delete
NAME	COVERT, AARON	
STREET ADDRESS	1212 W WATERS AVE	
CITY-ST-ZIP	TAMPA FL 33604	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-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 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:

Michael L. Covert
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/15/2002 813 935 4779

CR2E034 (10/02)