

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 90350 026 ***150.00

DOCUMENT # **P02000089393**

1. Entity Name

PRIME TIME TRUCKING, INC.



DO NOT WRITE IN THIS SPACE

11036725

2. Principal Place of Business

3741 NW 2ND ST.

3. Mailing Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

FT LAUDERDALE

City & State

4. FEI Number

412057619

Applied For

Not Applicable

Zip

33311

Country

Zip

Country

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

CLIVE ARCHER

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

2735 RODMAN ST

City

HOLLYWOOD

FL

Zip Code

33020

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

Clive Archer

(NOTE: Registered Agent signature required when reinstating)

4/28/03

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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 **P/D.**
NAME **HYACINTH ARCHER**
STREET ADDRESS **3741 NW 2ND ST**
CITY-ST-ZIP **FT LAUDERDALE, FL 33311**

TITLE **VP/D**
NAME **CLIVE ARCHER**
STREET ADDRESS **PO BOX 120325**
CITY-ST-ZIP **FT LAUDERDALE, FL 33312**

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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Clive Archer

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/02)