

FILED
SECRETARY OF STATE
DIVISION OF CORPORATION

03 SEP -8 PM 4:43

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P02000104106					
1. Entity Name C.L.C. TRUCKING, INC.					
Principal Place of Business 8624 ROSEANN BLVD NEW PORT RICHEY, FL 34654			Mailing Address 8624 ROSEANN BLVD NEW PORT RICHEY, FL 34654		
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 52-2381003				Applied For Not Applicable	
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GRANT, CHARLES F JR 8624 ROSEANN BLVD NEW PORT RICHEY, FL 34654			7. Name and Address of New Registered Agent 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's signature required when submitting) DATE _____					
			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	P	GRANT, CHARLES F JR	TITLE	VP, Dir, Treas	☒ Change ☐ Addition
NAME			NAME	Grant, Charles F Jr	
STREET ADDRESS		8624 ROSEANN BLVD	STREET ADDRESS	8624 Roseann Blvd	
CITY-ST-ZIP		NEW PORT RICHEY, FL 34654	CITY-ST-ZIP	New Port Richey, FL 34654	
TITLE			TITLE	Pres, Dir, Sec	☐ Change ☒ Addition
NAME			NAME	Grant, Linda	
STREET ADDRESS			STREET ADDRESS	8624 Roseann Blvd	
CITY-ST-ZIP			CITY-ST-ZIP	New Port Richey, FL 34654	
TITLE			TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE			TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE			TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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 the empowered.					
SIGNATURE: <u>Charles F. Grant</u> SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

CR2E034 (10/02)

Attachment#

PO20000104106

C.L.C. TRUCKING, INC.
8624 ROSEANN BLVD.
NEW PORT RICHEY, FL 34654

ACKNOWLEDGMENT TO THE FLORIDA DEPARTMENT OF REVENUE

Enclosed as soon as possible, I will assume that the original I mailed must have been lost.
Under these circumstances, please process this report along with the original filing fee of \$150.00
August 27, 2003

Florida Department of State
UBR Filings
P.O. Box 1500
Tallahassee, FL 32302-1500

Re: 2003 UBR

Dear Department of State:

I was very surprised to have received this report in the mail. In March 2003, I mailed a completed Annual Report requesting additions and change of officer's along with a check for \$150.00. After researching my records; I also verified with my bank that the check I wrote never cleared my bank..

Under these circumstances, please process this report along with the original filing fee of \$150.00 enclosed as soon as possible. I will assume that the original I mailed must have been lost.

Your attention to this matter is greatly appreciated.

Sincerely,

Charles Grant
Vice President

