

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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

02-21-2003 90153 006 ***158.75

DOCUMENT # P02000134847

1. Entity Name
A. GARZA TRUCKING, INC.



Principal Place of Business
**5833 HOUCHIN ST. STE 1&J
NAPLES FL 34109**

Mailing Address
**5833 HOUCHIN ST. STE 1&J
NAPLES FL 34109**

2. Principal Place of Business

5833 Houchin St Suite 1&J

Suite, Apt. #, etc.

Naples

City & State

Florida

Zip

34109

Country

Collier

3. Mailing Address

5833 Houchin St Suite 1&J

Suite, Apt. #, etc.

Naples

City & State

Florida

Zip

34109

Country

Collier

90031395 *CK+*



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

13-4234986

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**GARZA, ARNOLDO
5833 HOUCHIN ST, STE 1&J
NAPLES FL 34109**

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]
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

02-03-03

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

TITLE **PD** ☐ Delete
NAME **GARZA, ARNOLDO**
STREET ADDRESS **5833 HOUCHIN ST, STE 1&J**
CITY-ST-ZIP **NAPLES FL 34109**

TITLE ☐ Delete
NAME
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CITY-ST-ZIP

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CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE ☐ Change ☐ Addition
NAME
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CITY-ST-ZIP

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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)(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:

SIGNATURE REQUIRED

02-03-03

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)