

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 14, 2004 8:00 am
Secretary of State

04-14-2004 90077 038 ***150.00

DOCUMENT # P03000118434

1. Entity Name

SUNBELT-TRUCKING, INC.



Principal Place of Business

Mailing Address

~~2532 CLIFFDALE ST~~
~~ORLANDO FL 34761~~

~~2532 CLIFFDALE ST~~
~~ORLANDO FL 34761~~

2. Principal Place of Business

2542 Cliffdale St

Suite, Apt. #, etc.

3. Mailing Address

2542 Cliffdale St

Suite, Apt. #, etc.



MOORE

CR2E034 (11/03)

City & State

Ocoee FL

City & State

Ocoee FL

4. FEI Number

57-1191169

Applied For

Not Applicable

Zip

34761

Country

USA

Zip

34761

Country

USA

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

~~SPIEGEL & UTRERA, P.A.~~

~~1840 SW 22ND ST.~~

~~4TH FLOOR~~

~~MIAMI FL 33145~~

Name

Alicia Dalien

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

2542 Cliffdale St

City

Ocoee

FL

Zip Code

34761

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

Alicia Dalien

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, 2004 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	<input type="checkbox"/> Delete
NAME	DALIEN, FEDNAL	
STREET ADDRESS	2542 CLIFFDALE ST	
CITY-ST-ZIP	ORLANDO FL 34761	
TITLE	VD	<input type="checkbox"/> Delete
NAME	DALIEN, ALICIA V	
STREET ADDRESS	2542 CLIFFDALE ST	
CITY-ST-ZIP	ORLANDO FL 34761	
TITLE	STD	<input type="checkbox"/> Delete
NAME	DALIEN, SOPHIA	
STREET ADDRESS	2542 CLIFFDALE ST	
CITY-ST-ZIP	ORLANDO FL 34761	
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"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	2542 Cliffdale St.	
CITY-ST-ZIP	Ocoee FL 34761	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	2542 Cliffdale St	
CITY-ST-ZIP	Ocoee, FL 34761	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	2542 Cliffdale St	
CITY-ST-ZIP	Ocoee, FL 34761	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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: *Alicia Dalien*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #