

2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P04000107721

1. Entity Name
UNIVERSAL TRUCK SERVICE, INCORPORATED



Principal Place of Business
2723 BENT LEAF DRIVE
VALRICO, FL 33594

Mailing Address
2723 BENT LEAF DRIVE
VALRICO, FL 33594

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

10172006

REIN-P

CR2E098 (11/05)

4. FEI Number
31-1518219

Applied For
Not Applicable

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

NKRUMAH, LAWRENCE
2723 BENT LEAF DRIVE
VALRICO, FL 33594

Name

Street Address

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 January 1, 2007, Fee will be \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
LAWRENCE, NKRUMAH
2723 BENT LEAF DRIVE
VALRICO, FL 33594 ☐ Delete

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

TITLE
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STREET ADDRESS
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☐ Delete

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10-17-06

FILED

06 OCT 19 PM 3:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT

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10/19/06--01033--016

Change Add

no 10/25