

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED
May 06, 2005 8:00 am
Secretary of State

05-06-2005 90090 029 ***150.00

DOCUMENT # P04000127577

1. Entity Name

CLN trucks & Parts Sales Inc.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

East Story Road

Suite, Apt. #, etc.

1075

3. Mailing Address

P.O. Box 121720

Suite, Apt. #, etc.

50049772

DO NOT WRITE IN THIS SPACE

City & State

Winter Garden Fl

City & State

Clermont Fl.

4. FEI Number

20-1600478

Applied For

Not Applicable

Zip

34787

Country

Zip

34712-1720

Country

5. Certificate of Status Desired

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\$8.75 Additional
Fee Required

DO NOT WRITE
IN THIS SPACE

7. Name and Address of Current 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 signature required when reinstating)

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 NAME STREET ADDRESS CITY - ST - ZIP	P. Carlos + marin P.O. Box 121720 Clermont Fl. 34712	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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DO NOT WRITE
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/02)