

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 10, 2002 8:00 am
Secretary of State

04-10-2002 90653 035 ***150.00

DOCUMENT # P93000011179

1. Entity Name

FLORIDA TRUCK & EQUIPMENT BUYERS, INC.

Principal Place of Business

**998 TAFT VINELAND RD
ORLANDO FL 32824
US**

Mailing Address

**998 W TAFT-VINELAND RD
SUITE 118
ORLANDO FL 32824-8003
US**

2. Principal Place of Business

1637 C YINE ST. SK 110

3. Mailing Address

1637 C YINE ST.

Suite, Apt. #, etc.

FLORISSANCE FL

Suite, Apt. #, etc.

FLORISSANCE FL

City & State

34744 ORLANDO

City & State

34744 ORLANDO

6. Name and Address of Current Registered Agent

**GONZALEZ, MARIA
998 W TFF-VINELAND RD
SUITE 118
ORLANDO FL 32824**

4. FEI Number

59-3166600

Applied For

Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional Fee Required**

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. ☐ (See criteria on back)

**FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	GONZALEZ, NORMAN	
STREET ADDRESS	14348 HUNTING CT.	
CITY-ST-ZIP	ORLANDO FL 32824	
TITLE	D	<input type="checkbox"/> Delete
NAME	GONZALEZ, MARIA	
STREET ADDRESS	14348 HUNTING CT.	
CITY-ST-ZIP	ORLANDO FL 32824	
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		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. 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 11 or Block 12 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 #

0107720 AV

CR2E034 (9/01)