

2001 UNIFORM BUSINESS REPORT (UBR)

0123435 AT

DOCUMENT # P93000022962

1. Entity Name
RUBEN SANCHEZ TRUCKING, INC.

FILED

01 NOV -5 PM 11:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business

P.O. BOX 621
POLK CITY FL 33868
US

Mailing Address

P.O. BOX 621
POLK CITY FL 33868
US

2. Principal Place of Business

9815 Evans Rd
Suite, Apt. #, etc.

3. Mailing Address

9815 Evans Rd
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

POLK CITY FL

City & State

POLK CITY FL

4. FEI Number

59-3178789

Applied For

Not Applicable

Zip

33868

Country

USA

Zip

33868

Country

USA

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SANCHEZ, RUBEN
9815 EVANS RD
POLK CITY FL 33868

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 \$550.00
After September 12, 2001 Fee will be \$750.00
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 ☐ Delete
NAME SANCHEZ, RUBEN
STREET ADDRESS 9815 EVANS RD
CITY-ST-ZIP POLK CITY FL

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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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:

Ruben Sanchez
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Ruben Sanchez

10-31-01 863 984 1788

Date

Daytime Phone #

CP2E034 (5/01)