

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 26, 2000 8:00 am**  
**Secretary of State**  
 05-26-2000 90117 004 \*\*\*558.75

**DOCUMENT # P93000063056**

1. Entity Name  
**MCCRORY TRUCK SERVICE, INC.**

Principal Place of Business <b>1310 N.W. 15TH AVENUE                  POMPANO BEACH FL 33069</b>	Mailing Address <b>1310 N.W. 15TH AVENUE                  POMPANO BEACH FL 33069-1947</b>
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2. Principal Place of Business <b>1310 NW 15 AVE</b>	3. Mailing Address <b>1310 NW 15 AVE</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <b>Pompano Beach FL</b>	City & State <b>Pompano Beach FL</b>
Zip <b>33069</b>	Zip <b>33069</b>
Country <b>USA</b>	Country <b>USA</b>

4. FEI Number <b>65-0447755</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent

**MCCRORY, JAMES  
 2201 NW 16TH ST.  
 POMPANO BEACH FL 33069**

7. Name and Address of New Registered Agent

Name: **James D. McCrory & Wanda J.**  
 Street Address (P.O. Box Number is Not Acceptable): **1310 NW 15 AVE**  
 City: **Pompano Beach** FL Zip Code: **33069**

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]* (NOTE: Registered Agent signature required when reinstating) DATE: 3/14/00

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2000 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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11. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P MCCRORY, JAMES D 413 S.W. 75TH AVENUE NORTH LAUDERDALE FL 33068</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP Wanda J. McCrory 413 SW 75 Ave North Lauderdale FL 33068</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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]* **JAMES D. McCrory Pres.** DATE: 1/26/00 954-872-9200  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (9/99)