

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000082944

1. Entity Name

V & L TRUCKING, INC.

FILED
May 09, 2000 8:00 am
Secretary of State

05-09-2000 90055 029 ***163.75

Principal Place of Business 20267 TRALEE DRIVE PORT CHARLOTTE FL 33952	Mailing Address 20267 TRALEE DRIVE PORT CHARLOTTE FL 33952-2249
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2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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4. FEI Number	65-0461918	Applied For	<input type="checkbox"/>
		Not Applicable	<input type="checkbox"/>

5. Certificate of Status Desired	<input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

OAKS, DAVID K.
252 W. MARION AVE.
PUNTA GORDA FL 33950

7. Name and Address of New Registered Agent

Name GWEN A. VARISCO

Street Address (P.O. Box Number is Not Acceptable)

20267 TRALEE DRIVE

City PORT CHARLOTTE FL Zip Code 33952

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 GWEN A. VARISCO V.P. Gwen A. Varisco 4-25-00
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, 2000 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	PD	<input type="checkbox"/> Delete
NAME	VARISCO, BRUCE D.	
STREET ADDRESS	20267 TRALEE DR.	
CITY-ST-ZIP	PORT CHARLOTTE FL	
TITLE	DV	<input type="checkbox"/> Delete
NAME	VARISCO, GWEN A.	
STREET ADDRESS	20267 TRALEE DR.	
CITY-ST-ZIP	PORT CHARLOTTE FL	
TITLE	ST	<input type="checkbox"/> Delete
NAME	VARISCO, SONYA	
STREET ADDRESS	20267 TRALEE DR.	
CITY-ST-ZIP	PORT CHARLOTTE FL	
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	
STREET ADDRESS	
CITY-ST-ZIP	
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	
STREET ADDRESS	
CITY-ST-ZIP	
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: GWEN A. VARISCO V.P. Gwen A. Varisco 4-25-00 625-
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 8043

CR2F034 (9/99)