

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 24, 2001 8:00 am
Secretary of State

07-24-2001 90006 021 ***150.00

DOCUMENT # **P94000015330**

1. Entity Name

TRUCK SALES OF POMPANO, INC.

Principal Place of Business

**2690 HAMMONDVILLE ROAD
POMPANO BEACH FL 33069**

Mailing Address

**2690 HAMMONDVILLE ROAD
POMPANO BEACH FL 33069**

1290 NW 15TH ST

POMPANO BEACH, FL 33069

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0470133

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ANDERSON, UNO

**2690 HAMMONDVILLE ROAD
POMPANO BEACH FL 33069**

**1290 NW 15TH ST
POMPANO BEACH, FL
33069**

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME **DP**
STREET ADDRESS **ANDERSON, UNO**
CITY-ST-ZIP **2690 HAMMONDVILLE ROAD**
1290 NW 15TH ST
POMPANO BEACH FL
33069

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Delete
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TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ 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 #

7.20.01

0081028 AV

CR2E034 (5/01)

Attachment
P94000015330
773080

PAUL THILEM & COMPANY

6554 NW 43 Court

Coral Springs, FL 33067

Tel. (954) 255-5435

Fax. (954) 255-0299

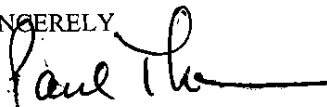
07/20/01

DIVISION OF CORPORATIONS
UNIFORM BUSINESS REPORT FILINGS
P O BOX 1500
TALLAHASSEE, FL 32302

DEAR SIR

PLEASE BE ADVISED THAT WE NEVER RECEIVED OUR FIRST FORM TO REGISTER THE COMPANY OF 2001. WE HAD MADE SEVERAL MOVES DURING 2000 & 2001 AND FOR THE MOST PART WE HAD A VERY DIFFICULT TIME RECEIVING OUR MAIL IF AT ALL. SINCE THIS IS THE FIRST TIME WE ARE REQUESTING AN ABATEMENT FO THE ORIGINAL 150.00 ANNUAL FEE AMOUNT WE WOULD APPRECIATE IF YOU WOULD PLEASE GIVE US THE ABATEMENT AND CHARGE US THE 150.00 FEE. ANY CONCIDERATION YOU COULD GIVE US WOULD BE GREATLY APPRECIATED.

SINCERELY



PAUL THILEM
ACCOUNTANT