

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000018777

1. Entity Name

SUPERIOR ED'S TRUCK & AUTO LEASING, INC.

FILED

Apr 19, 2001 8:00 am
Secretary of State

04-19-2001 90012 031 ***150.00

Principal Place of Business

1029 NE 5 TERR
FORT LAUDERDALE FL 33304
US

Mailing Address

1029 NE 5 TERR
FORT LAUDERDALE FL 33304
US

950570



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

3217 NW 34th Court

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Ft. Laud., FL

4. FEI Number

65-0475729

Applied For

Not Applicable

Zip

Country

Zip

Country

33309

U.S.A.

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

TUBBERGEN, EDWARD A

1029 NE 5TH TERRACE 3217 NW 34th Court
FORT LAUDERDALE FL 33304 33309

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, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P ☐ Delete
NAME TUBBERGEN, EDWARD A
STREET ADDRESS 1029 NE 5TH TERRACE
CITY-ST-ZIP FORT LAUDERDALE FL 33304

TITLE ☐ Change ☐ Addition
NAME 3217 NW 34th Court
STREET ADDRESS 33309
CITY-ST-ZIP

TITLE T ☐ Delete
NAME TUBBERGEN, SHIRLEY G
STREET ADDRESS 1029 NE 5TH TERR
CITY-ST-ZIP FORT LAUDERDALE FL 33304

TITLE ☐ Change ☐ Addition
NAME 3217 NW 34th Court
STREET ADDRESS 33309
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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

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

E. A. Tubbergen 4-11-01 954-328-4769

Date

Daytime Phone #

CR2E034 (10/00)