

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 21, 2001 8:00 am
Secretary of State
 03-21-2001 90001 025 ***150.00

DOCUMENT # P94000047670

1. Entity Name
MCKIBBEN TRUCK CENTER INC.

Principal Place of Business 2991 US 27 NORTH AVON PARK FL 33825 US	Mailing Address 2991 US 27 NORTH AVON PARK FL 33825 US
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2. Principal Place of Business 3952 B US 27 South Suite, Apt. #, etc. B	3. Mailing Address 925 LAKE LOTELA DR. Suite, Apt. #, etc.
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City & State Sebring FL	City & State Avon Park FL 33825
Zip 33870	Country Highlands
Zip 33825	Country Highlands



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
MCKIBBEN, CHARLES L
 2991 US HWY 27 NORTH
 AVON PARK FL 33825

7. Name and Address of New Registered Agent
 Name **Charles L McKibben**
 Street Address (P.O. Box Number is Not Acceptable)
925 LAKE LOTELA DR.
 City **Avon Park** FL Zip Code **33825**

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 (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	TITLE	P	☒ Change ☐ Addition
NAME	MCKIBBEN, CHARLES L		NAME	MCKibben Charles L	
STREET ADDRESS	1810 SR 17 SOUTH		STREET ADDRESS	925 LAKE Lotela Dr	
CITY-ST-ZIP	AVON PARK FL 33825		CITY-ST-ZIP	Avon Park FL 33825	
TITLE	VP	☐ Delete	TITLE	UP	☐ Change ☐ Addition
NAME	MCKIBBEN, KATHY L.		NAME	MCKibben Kathy L	
STREET ADDRESS	1810 SR 17 SOUTH		STREET ADDRESS	925 LAKE Lotela Dr	
CITY-ST-ZIP	AVON PARK FL 33825		CITY-ST-ZIP	Avon Park FL 33825	
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: 3-14-01 863-605 1624
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)