ROBERT M. COLEMAN, JR. P.

FILED
May 14, 2002 8:00 am
Secretary of State
05-14-2002 90277 032 ***150.00

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000087825

1. Entity Name
TREASURE COAST TRUCK BROKERS, INC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
681 S MAIN ST	PO BOX 2828
LABELLE FL	LABELLE FL
33935 US	33975 US

DO NOT WRITE IN THIS SPACE

4. FEI Number: 65-0535993 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: DAVID C TASSELL

Street Address (P.O. Box Number is Not Acceptable):
725 NORTH A1A
SUITE 108

City: JUPITER FL 33477

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: _____ DATE: _____

9. This Corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (See Criteria on UBR) ☑

January 1 - May 1: Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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 P NAME BERRY JOHN S JR STREET ADDRESS 19089 SE KOKOMO LN CITY-ST-ZIP JUPITER, FL 33458	TITLE NAME STREET ADDRESS CITY-ST-ZIP
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CR2E034B (12/01)

12. 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 on an attachment with an X.

SIGNATURE: JOHN S BERRY JR 4/24/02 863-675-7497

TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #