

2001 UNIFORM BUSINESS REPORT (UBR)

A mendment

DOCUMENT #

1. Entity Name

PG 50000 26662
Toucon Transportation Inc

FILED

01 JUL 26 PM 4:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Toucon Transportation Inc.

Mailing Address

2502 Park St.
Lake Worth FL 33460
PO Box 551
Lake Worth FL 33460

2. Principal Place of Business

4601 Oakes Rd

3. Mailing Address

P.O. Box 6130

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Davie FL

City & State

Hollywood FL

4. FEI Number

65-0573173

Applied For

Not Applicable

Zip

33314

Country

Zip

33021

Country

USA

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

6. Name and Address of Current Registered Agent

Curtis Soles
2502 Park St.
Lake Worth FL 33460

7. Name and Address of New Registered Agent

Name Mike Mucha

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

4601 OAKES ROAD

City Davie

FL

Zip Code

33314

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]

(NOTE: Registered Agent signature required when reinstating)

DATE

7-17-01

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

TITLE President
NAME Curtis Soles
STREET ADDRESS 2502 Park St
CITY-ST-ZIP Lake Worth FL 33460 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P/S
NAME Michael Mucha
STREET ADDRESS 4601 Oakes Rd
CITY-ST-ZIP Davie FL 33314 ☒ Change ☐ Addition

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

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

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

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

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

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

7-17-01 (561) 586-8226

Date

Daytime Phone #

CR2034 (11/00)