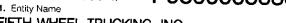
## Feb 20, 2003 8:00 am Secretary of State

## **2003 FOR PROFIT CORPORATION** UNIFORM BUSINESS REPORT (UBR)

## **DOCUMENT #**

JACKSONVILLE FL 32205

SIGNATURE





02-20-2003 90123 031 \*\*\*150 00

FILED

Entity Name  IFTH WHEEL TRUCKING, INC.		
rincipal Place of Business	Mailing Address	OO WE

4750 NOLAN STREET 4750 NOLAN STREET JACKSONVILLE FL 32205 JACKSONVILLE FL 32205 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State Zip Country Zip Country

|--|--|--|

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number Applied For 59-3293332 Not Applicable 5. Certificate of Status Desired \$8.75 Additional

DATE

6. Name and Address of Current Registered Agent DRURY, SAMUEL O JR. 4750 NOLAN STREET

7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City Zip Code

В.	The above named entity submits this statement for the purpose of changing its registered of the obligations of registered agent.	Office or registered agent, or both, in the State of Florida	L
	the obligations of registered agent.	of registered agent, or both, in the State of Florida.	i am tamiliar with, and accept

Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00

(NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing

\$5.00 May Be Added to Fees

Make Chec	k Payable to Florida Department of State			Trust Fund Contribution.		d to Fees
10.	OFFICERS AND DIRECTO	RS	11.	ADDITIONS/CHANGES TO OFFICERS	S AND DIRECTOR	S IN 11
NAME STREET ADDRESS CITY-ST-ZIP	D DRURY, SAMUEL O JR. 1176 DAY AVE JAX FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	a company and the company of the com	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	Addition

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 equired by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if

SIGNATURE: