

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000078534

1. Entity Name

TOMAHAWK TRUCK & TRAILER SALES, INC.

FILED
Sep 18, 2000 8:00 am
Secretary of State

09-18-2000 90041 016 ***550.00

Principal Place of Business

5300 SOUTH ORANGE BLOSSOM TRAIL
ORLANDO FL 32805
US

Mailing Address

5300 SOUTH ORANGE BLOSSOM TRAIL
ORLANDO FL 32805
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3339360

Applied For

Not Applicable

Zip

Country

Zip

Country

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

SCHOENE, JOHN S ESQ
230 LOOKOUT PLACE
#200
MAITLAND FL 32751

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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 PD ☐ Delete
NAME BROOKINGS, REA
STREET ADDRESS 4382 S. MORELAND AVENUE
CITY-ST-ZIP CONLEY GA 30027

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

TITLE CFO ☐ Delete
NAME HERRING, DAVID
STREET ADDRESS 4382 S. MORELAND AVENUE
CITY-ST-ZIP CONLEY GA 30027

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

TITLE VP ☒ Delete
NAME HERRING, JONDAVID
STREET ADDRESS 4382 S. MORELAND AVENUE
CITY-ST-ZIP CONLEY GA 30027

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

TITLE VP ☐ Delete
NAME HERRING, PAUL
STREET ADDRESS 4382 S. MORELAND AVENUE
CITY-ST-ZIP CONLEY GA 30027

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

TITLE VP ☐ Delete
NAME HERRING, STEPHEN
STREET ADDRESS 4382 S. MORELAND AVENUE
CITY-ST-ZIP CONLEY GA 30027

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

TITLE ☐ Delete
NAME
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:

John S. Schoene CFO
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #