

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

FILED
Apr 10, 2002 8:00 am
Secretary of State

04-10-2002 90669 043 ***150.00

DOCUMENT # P95000086164

1. Entity Name

CENTRAL FLORIDA TRUCKENG, INC.

DO NOT WRITE IN THIS SPACE

80064744

2. Principal Place of Business
3460 TUCKER AVE.

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
ST. CLOUD, FL

City & State

4. FEI Number
52-1979684

Applied For
☐ Not Applicable

Zip
34772

Country
USA

Zip

Country

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

7. Name and Address of Current Registered Agent

Name
ROBERT J. PERRY

Street Address (P.O. Box Number is Not Acceptable)
3460 TUCKER AVE.

City ST. CLOUD, FL **FL** **Zip Code** 34772

**DO NOT WRITE
IN THIS SPACE**

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) ☐

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
NAME P
STREET ADDRESS PAUL CRUMPLER
CITY - ST - ZIP 1712 PINON CR.
ST. CLOUD, FL 34769

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME V
STREET ADDRESS ROBERT J. PERRY
CITY - ST - ZIP 3460 TUCKER AVE.
ST. CLOUD, FL 34772

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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)