

2000 UNIFORM BUSINESS REPORT (UBR)

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

01-18-2000 90116 002 ***150.00

DOCUMENT # P96000002262

1. Entity Name

GIBSON'S QUALITY TRUCK SERVICE, INC.

Principal Place of Business

Mailing Address

5827 CORPORATION CIRCLE

5827 CORPORATION CIRCLE
 FT. MYERS FL 33905-5014

1. MYERS FL 33905

80002649



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0641224

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

GIBSON, THOMAS J
21110 WILDHORSE DR
ALVA FL 33920

Name **GIBSON, THOMAS J.**

Street Address (P.O. Box Number is Not Acceptable)
3421 22ND ST. W.

City **LEHIGH ACRES**

FL

Zip Code **33971**

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

01-10-00

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
 NAME **DPT**
 STREET ADDRESS **GIBSON, THOMAS J**
 CITY-ST-ZIP **21110 WILDHORSE DR**
ALVA FL 33920

TITLE ☒ Change ☐ Addition
 NAME **GIBSON, THOMAS J.**
 STREET ADDRESS **3421 22ND ST. W.**
 CITY-ST-ZIP **LEHIGH ACRES, FL 33971**

TITLE ☐ Delete
 NAME **DV**
 STREET ADDRESS **KARON, MARC A**
 CITY-ST-ZIP **12122 QUERCUS LANE**
WEST PALM BEACH FL 33414

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-10-00 941-693-9301

Date

Daytime Phone #

CR2E034 (9/99)