

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 13, 2003 8:00 am
Secretary of State

01-13-2003 90056 020 ***150.00

DOCUMENT # P96000035471

1. Entity Name
FORT MYERS TRUCKING, INC.



Principal Place of Business
**944 COUNTRY CLUB BLVD.
#106
CAPE CORAL FL 33990**

Mailing Address
**P O BOX 150576
CAPE CORAL FL 33915**



2. Principal Place of Business

441 Del Prado Blvd N

3. Mailing Address

PO Box 150576

Suite, Apt. #, etc. **8**

Suite, Apt. #, etc. **P**

☐ CHECK HERE IF MAKING CHANGES

City & State

CAPE CORAL, FL

City & State

CAPE CORAL, FL

4. FEI Number

65-0674955

Applied For

Not Applicable

Zip

33909

Country

Lee

Zip

33905

Country

Lee

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

**CRIOLLO, MANUEL N
615 SE 21ST TERRACE
CAPE CORAL FL 33990**

Name

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

441 Del Prado Blvd N

City

Cape Coral

FL

Zip Code

33909

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Manuel J. Criollo Manuel J. Criollo Secretary 01/08/02

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PSD** ☐ Delete
NAME **CRIOLLO, MANUEL N**
STREET ADDRESS **615 SE 21ST TERRACE**
CITY-ST-ZIP **CAPE CORAL FL 33990**

TITLE **President** ☐ Change ☐ Addition
NAME **MANUEL N. Criollo**
STREET ADDRESS **1006 Pondella Rd**
CITY-ST-ZIP **North Fort Myers FL 33909**

TITLE **VD** ☐ Delete
NAME **CALDERON, JOSELIN**
STREET ADDRESS **2209 SE 9TH TERRACE**
CITY-ST-ZIP **CAPE CORAL FL 33990**

TITLE **Vice President** ☐ Change ☐ Addition
NAME **JOSE CALDERON**
STREET ADDRESS **1100 Pondella Rd**
CITY-ST-ZIP **North Fort Myers FL 33909**

TITLE **TD** ☐ Delete
NAME **CALDERON, RAFAEL**
STREET ADDRESS **2209 SE 9TH TERRACE**
CITY-ST-ZIP **CAPE CORAL FL 33990**

TITLE **Treasurer** ☐ Change ☐ Addition
NAME **RAFAEL CALDERON**
STREET ADDRESS **437 SE 13TH COURT**
CITY-ST-ZIP **CAPE CORAL, FL 33990**

TITLE **SD** ☐ Delete
NAME **CRIOLLO, MANUEL J.**
STREET ADDRESS **1715 SE 8TH AVE**
CITY-ST-ZIP **CAPE CORAL FL**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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 required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Manuel J. Criollo Manuel J. Criollo 01/08/03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)