

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000040064

1. Entity Name
MIKE'S TRUCK SERVICE, INC.

FILED
Jan 25, 2001 8:00 am
Secretary of State

01-25-2001 90155 039 ***150.00

Principal Place of Business

Mailing Address

~~14016 68TH ST N~~
~~LOXAHATCHEE FL 33470~~
~~US~~

~~14016 68TH ST N~~
~~LOXAHATCHEE FL 33470~~
~~US~~

2. Principal Place of Business

3. Mailing Address

17034 93rd Rd. N.
Suite, Apt. #, etc.

17034 93rd Rd. N.
Suite, Apt. #, etc.

City & State

Loxahatchee FL

City & State

Loxahatchee, FL

Zip
33470

Country
U.S.

Zip
33470

Country
U.S.

4. FEI Number **65-0665416**

Applied For
Not Applicable

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

KENNEDY, EUGENE M ESQ.
517 SOUTHWEST 1ST AVENUE
FT. LAUDERDALE FL 33301

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 \$150.00
After MAY 1, 2001 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 **D**
STREET ADDRESS **STOUTT, DEREK M**
CITY-ST-ZIP **1419 HILLCREST DRIVE**
LAKE WORTH FL 33461

TITLE ☒ Change ☐ Addition
NAME **D**
STREET ADDRESS **DEREK M. Stoutt**
CITY-ST-ZIP **17034 93rd Rd. North**
Loxahatchee FL 33470

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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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: **Derek M. Stoutt**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/13/01 **561-784-0083**
Date Daytime Phone #

CR2E034 (10/00)