

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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

01-13-2003 90655 039 ***150.00

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1. Entity Name
FORT MYERS TRUCKING LAND INVESTMENT CORPORATION, INC.



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

Mailing Address
**944 COUNTRY CLUB BLVD., STE. 106
CAPE CORAL FL 33990**

2. Principal Place of Business

441 Del Prado Blvd N
Suite, Apt. #, etc. **8**

3. Mailing Address

PO Box 150576
Suite, Apt. #, etc.

City & State
Cape Coral, FL

Zip
33909

Country
Lee

City & State
Cape Coral, FL

Zip
33915

Country
Lee



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **APPLIED FOR**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CRIOLLO, MANUEL J
944 COUNTRY CLUB BLVD., STE. 106
CAPE CORAL FL 33990

7. Name and Address of New Registered Agent

Name

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

441 Del Prado Blvd N #8

City

Cape Coral, FL

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

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

TITLE **P** ☐ Delete
NAME **PARENT, VERDELL L**
STREET ADDRESS **P.O. BOX 1050576**
CITY-ST-ZIP **CAPE CORAL FL 33915**

TITLE **V** ☐ Delete
NAME **CRIOLLO, MANUEL N**
STREET ADDRESS **P.O. BOX 1050576**
CITY-ST-ZIP **CAPE CORAL FL 33915**

TITLE **V** ☐ Delete
NAME **CRIOLLO, MANUEL J**
STREET ADDRESS **P.O. BOX 1050576**
CITY-ST-ZIP **CAPE CORAL FL 33915**

TITLE **T** ☐ Delete
NAME **CALDERON, RAFAEL**
STREET ADDRESS **P.O. BOX 1050576**
CITY-ST-ZIP **CAPE CORAL FL 33915**

TITLE **S** ☐ Delete
NAME **CALDERON, JOSELIN**
STREET ADDRESS **P.O. BOX 1050576**
CITY-ST-ZIP **CAPE CORAL FL 33915**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE ☐ Change ☐ Addition
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

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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/08/03
Date

Daytime Phone #

CR2E034 (10/02)