2000 UNIFORM BUSINESS REPORT (UBR)

Mailing Address

1250 NORWOOD PLACE

DOCUMENT # P9600053520

1. Entity Name

CITY-ST-7IP

SIGNATURE:

Principal Place of Business 1250 NORWOOD PLACE

TRULUCK CONSTRUCTION, INC.

FL 3/	2004	ORDANDO TE 3200	OREMBO TE 32004-0720			2020200				
		To Made and								
2. Principal Pl	ace of Business	3. Mailing Addres	3. Mailing Address						ii 11 11 111	
Suite, Apt.	#, etc.	Suite, Apt. #, e	Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE				
City & State		City & State	City & State		4.	4. FEI Number 65-0690557			Applied For Not Applicable	
Zip	Country	Zip	Zip Country		5. Certificate of Status Desired \$8.75 Additional Fee Required				itional 1	
	6. Name and Address of Current	Registered Agent		I	7. 1	Name and Address of New Re	gistered	Agent		
7),				Name .						
1250	UCK, ROBERT 0 NORWOOD PLACE NDO FL 32804	⊊ <u>-</u>	<u> </u>		Street Address (P.O. Box Number is Not Acceptable)					
							FL	Zip Code	 >	
9 The shove	named entity submits this statement for	or the nurnose of cha	naina its register	ed office or regis	stered an	nent or both in the State of Flori	da.			
o. The above	married entity submitts this statement it	or the barbase or cus	angung na register	ca onica or regis	,,,,,,,, ay	going or oder, in the otate of Flori				
SIGNATURE .	Signature, typed or printed name of registered agent	and title if applicable	(NOTE: Registers	d Agent signature requ	fred when re	einstating)	DATE			
	Signature, typed or printed harne or registered agent	ano titie ii applicacie	(NOTE: Neglistere	a Agent aignataro raqu						
Tax filing r	oration is eligible to satisfy its Intangible equirement and elects to do so. ia on back)	After M	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.0 Make Check Payable to Department of \$			10. Election Campaign Fina Trust Fund Contribution.	ncing [May Be to Fees	
							PEDC AND	DIDECTORS	2 INI 11	
11 :: კე ე ე ე			12.		AL	DDITIONS/CHANGES TO OFFIC	ZENS AINL			
THILE THE H		☐ De						Change	Addition	
NAME	TRULUCK, ROBERT O.		: NAM							
STREET ADDRESS	1250 NORWOOD PLACE			EET ADDRESS						
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NAME			NAM							
STREET ADDRESS .	J		STR	EET 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 of 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.

REQUIRED

THE WAVE OF SIGNING OFFICER OR DIRECTOR

FILED

Mar 03, 2000 8:00 am Secretary of State

407-648-8785

03-03-2000 90224 046 ***150.00