

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 08, 2000 8:00 am
Secretary of State

05-08-2000 90060 021 ***150.00

DOCUMENT # P96000063922

1. Entity Name
4 LESS TRUCKING, INC.

Principal Place of Business 741 W 6TH ST RIVIERA BEACH FL 33404	Mailing Address 741 W 6TH ST RIVIERA BEACH FL 33404-7415
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2. Principal Place of Business 340 W. 28TH STREET	3. Mailing Address 340 W. 28TH STREET
Suite, Apt. #, etc.	Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State RIVIERA BEACH, FL.	City & State RIVIERA BEACH, FL.	4. FEI Number 65-0691470	Applied For <input type="checkbox"/> Not Applicable
Zip 33404	Country FLA BEACH	Zip 33404	Country FLA BEACH
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent LUSTER, VICTOR L SR 741 W 6TH ST RIVIERA BEACH FL 33404	7. Name and Address of New Registered Agent Name LUSTER, VICTOR L. SR. Street Address (P.O. Box Number is Not Acceptable) 340 W. 28TH STREET City RIVIERA BEACH FL Zip Code 33404
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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 *Victor Luster* **Victor Luster** **4-13-00**
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.

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 DPTS	<input type="checkbox"/> Delete	TITLE DPTS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME LUSTER, VICTOR		NAME LUSTER, VICTOR	
STREET ADDRESS 741 W 6TH ST		STREET ADDRESS 340 W. 28TH ST.	
CITY-ST-ZIP RIVIERA BCH FL		CITY-ST-ZIP RIVIERA BEACH, FL. 33404	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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 *Victor Luster* **Victor Luster** **4-13-00**
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (9/99)