

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 19, 2002 8:00 am
Secretary of State

05-19-2002 90179 017 ***150.00

DOCUMENT # P96000063922

1. Entity Name
4 LESS TRUCKING, INC.

Principal Place of Business
340 W 28TH ST
RIVIERA BEACH FL 33404-4411

Mailing Address
340 W 28TH ST
RIVIERA BEACH FL 33404-4411

964683



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
1910 BEAUTIFUL AVE.
 Suite, Apt. #, etc.

3. Mailing Address
1910 BEAUTIFUL AVE.
 Suite, Apt. #, etc.

City & State
WEST PALM BEACH, FLORIDA
 Zip
33407
 Country
U.S.A.

City & State
WEST PALM BEACH, FLORIDA
 Zip
33407
 Country
U.S.A.

4. FEI Number **65-0691470** 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

LUSTER, VICTOR L SR
340 W 28TH ST
RIVIERA BEACH FL 33404

Name
VICTOR L. LUSTER
 Street Address (P.O. Box Number is Not Acceptable)
1910 BEAUTIFUL AVE
 City
WEST PALM BEACH **FL** Zip Code
33407

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

VICTOR L. LUSTER
 (NOTE: Registered Agent signature required when reinstating)

4-26-02
 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, 2002 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
NAME	LUSTER, VICTOR	
STREET ADDRESS	340 W 28TH ST	
CITY-ST-ZIP	RIVIERA BEACH FL 33404	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	DPTS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VICTOR LUSTER	
STREET ADDRESS	1910 BEAUTIFUL AVE.	
CITY-ST-ZIP	WEST PALM BEACH, FLORIDA 33407	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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: *Victor L. Luster* **VICTOR L. LUSTER**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-26-02
 Date Daytime Phone #

CR2E034 (9/01)