

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2003 8:00 am
Secretary of State

04-23-2003 90297 035 ***150.00

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DOCUMENT # P96000073964

1. Entity Name
ACTION TRUCKING OF SOUTHWEST FLORIDA, INC.



Principal Place of Business
**6230 THOMAS RD.
FORT MYERS FL 33912
US**

Mailing Address
**15248 S. TAMiami TRAIL
STE. 850
FORT MYERS FL 33908
US**

2. Principal Place of Business

3. Mailing Address

6230 THOMAS ROAD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
FORT MYERS FL

Zip

Country

Zip

33912

Country

4. FEI Number **65-0695044**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**EISENMAN, JIM
15248 S. TAMiami TRAIL, STE. 850
FORT MYERS FL 33908**

Name

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

6230 THOMAS ROAD

City

FORT MYERS

FL

Zip Code

33912

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☐ Delete
NAME **EISENMAN, JIM O**
STREET ADDRESS **15248 S. TAMiami TRIAL, STE. 850**
CITY-ST-ZIP **FORT MYERS FL 33912**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **6230 THOMAS ROAD**
CITY-ST-ZIP **FORT MYERS, FL 33912**

TITLE **VD** ☐ Delete
NAME **EISENMAN, MARSHA**
STREET ADDRESS **6230 THOMAS RD**
CITY-ST-ZIP **FORT MYERS FL 33912**

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

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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:

SIGNATURE REQUIRED JIM EISENMAN
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/2003

Date

239-267-8484

Daytime Phone #

CR2E034 (10/02)