

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**

**Feb 03, 2001 8:00 am**  
**Secretary of State**

02-03-2001 90063 036 \*\*\*150.00

**DOCUMENT # P96000078423**

1. Entity Name

**TRUCK TRENDS INC.**

Principal Place of Business

**1629 RIDGEWOOD AVENUE  
HOLLY HILL FL 32117**

Mailing Address

**1629 RIDGEWOOD AVENUE  
HOLLY HILL FL 32117**

2. Principal Place of Business

**1757 NOVA RD**

Suite, Apt. #, etc.

**103**

City & State

**HOLLY HILL FL**

Zip

**32117**

Country

**FLORIDA**

3. Mailing Address

**1757 NOVA RD**

Suite, Apt. #, etc.

**103**

City & State

**HOLLY HILL FL**

Zip

**32117**

Country

**FLORIDA**



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-3401008**

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**MORIARTY, LORIE  
1629 RIDGEWOOD AVENUE  
HOLLY HILL FL 32117**

7. Name and Address of New Registered Agent

Name

**MORIARTY, LORIE**

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

**1757 NOVA RD.**

**SUITE # 103**

City

**HOLLY HILL**

FL

Zip Code  
**32117**

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

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.  
(See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 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

TITLE	PS	<input type="checkbox"/> Delete
NAME	USINA, VERNON	
STREET ADDRESS	1629 RIDGEWOOD AVE	
CITY-ST-ZIP	HOLLY HILL FL	
TITLE	VPT	<input type="checkbox"/> Delete
NAME	MORIARTY, ANDREW	
STREET ADDRESS	1217 PARKSIDE AVE	
CITY-ST-ZIP	ORMOND BEACH FL	
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		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	USINA, VERNON	
STREET ADDRESS	1757 NOVA RD. SUITE 103	
CITY-ST-ZIP	HOLLY HILL FL 32117	
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:

**VERNON J. USINA**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1-5-2001**

**904 238 7750**

Date

Daytime Phone #

CR2E034 (10/00)