

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P96000087532**

1. Entity Name

~~OCEAN VIEW DEVELOPMENT CORP. II~~

SOUTHERN TRUCK Leasing, Inc.

Principal Place of Business

Mailing Address

~~4298 SANCTUARY LANE
BOCA RATON FL 33431~~

4298 SANCTUARY LANE
BOCA RATON FL 33431-5214

**1440 N. Powerline Rd
Pompano Beach, FL**

2. Principal Place of Business

647 Sanctuary Drive

Suite, Apt. #, etc.

3. Mailing Address

647 Sanctuary Dr.

Suite, Apt. #, etc.

City & State
BOCA RATON FL

City & State
BOCA RATON FL

Zip
33431

Country
Palm Beach

Zip
33431

Country
Palm Beach

6. Name and Address of Current Registered Agent

**ABRAMS, ROBERT S
4298 SANCTUARY LANE
BOCA RATON FL 33431**

7. Name and Address of New Registered Agent

Name **Robert S. ABRAMS**
Street Address (P.O. Box Number is Not Acceptable)
647 Sanctuary Drive
BOCA RATON, FL
City **FL** Zip Code **33431**

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 elect to do so. (See criteria on back) ☐

**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

TITLE	D	<input type="checkbox"/> Delete
NAME	ABRAMS, ROBERT S	
STREET ADDRESS	4298 SANCTUARY LANE	
CITY-ST-ZIP	BOCA RATON FL 33431	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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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	<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
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

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

05-08-2000 90027 007 ***150.00



DO NOT WRITE IN THIS SPACE

65-0723294

4. FEI Number **65-0717113** Applied For ☐ Not Applicable ☐

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

CR2E034 (9/99)