

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 11, 2002 8:00 am
Secretary of State

04-11-2002 90705 039 ***158.75

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DOCUMENT # P96000090417

1. Entity Name
RCB TRUCKING, INC.

Principal Place of Business
1179 ORANGE AVENUE
NORTH FORT MYERS FL 33903

Mailing Address
1179 ORANGE AVENUE
NORTH FORT MYERS FL 33903



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

16170 Carnation Dr
 Suite, Apt. #, etc.

3. Mailing Address

16170 Carnation Dr
 Suite, Apt. #, etc.

City & State

Punta Gorda FL

City & State

Punta Gorda FL

4. FEI Number

65-0711880

Applied For

Not Applicable

Zip

33955

Country

Charlotte

Zip

33955

Country

Charlotte

5. Certificate of Status Desired

☒

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GARLICK, RONALD
1179 ORANGE AVENUE
NORTH FORT MYERS FL 33903

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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, 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

TITLE **D** ☐ Delete
 NAME **GARLICK, RONALD**
 STREET ADDRESS **1179 ORANGE AVENUE**
 CITY-ST-ZIP **NORTH FORT MYERS FL 33903**

TITLE **D** ☐ Delete
 NAME **GARLICK, BILLIE**
 STREET ADDRESS **1179 ORANGE AVENUE**
 CITY-ST-ZIP **NORTH FORT MYERS FL 33903**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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 CITY-ST-ZIP

TITLE ☐ Delete
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 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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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:

Billie Garlick
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-1-02 *(941) 731-1521*

CR2E034 (9/01)