

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 22, 2002 8:00 am
Secretary of State
 05-22-2002 90093 048 ***150.00

DOCUMENT # P96000101304

1. Entity Name
MAKES CENTS OF S.W. FLA., INC.

Principal Place of Business
 1791 BOYSCOUT DR
 UNIT 2
 FORT MYERS FL 33907
 US

Mailing Address
 1791 BOYSCOUT DR
 UNIT 2
 FORT MYERS FL 33907
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number
65-0730973

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

TRUCKS, MOLLY
2222 SE 6TH TERR
CORAL GABLES FL 33990

Name **Molly Trucks**
 Street Address (P.O. Box Number is Not Acceptable) **2222 SE 6TH TERR**
 City **CAPE CORAL** FL Zip Code **33990**

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 **Molly Trucks, Molly A Trucks, President 4/30/02**
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 ☐ **\$5.00 May Be Added to Fees**
 Trust Fund Contribution.

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
 NAME **PSD**
 STREET ADDRESS **TRUCKS, MOLLY**
 CITY-ST-ZIP **2222 SE 6TH TERR**
CAPE CORAL FL 33990

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

TITLE ☐ Delete
 NAME **VTD**
 STREET ADDRESS **TRUCKS, JAY**
 CITY-ST-ZIP **300 N RUSSELL ST #22**
MOUNT PLEASANT MI 48858

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ 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: **Molly Trucks, Molly A Trucks, President 4/30/02**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0402360 AV

CR2E034 (9/01)

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