## **2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)**

## P97000018464 **DOCUMENT #**

1. Entity Name

C.P.& L. TRUCKING INCORPORATED



**FILED** Apr 09, 2003 8:00 am Secretary of State

04-09-2003 90122 005 \*\*\*158.75

Principal Place of Business 3941 NE 22ND AVE OCALA FL 34479 US		Mailing Address 3941 N.E. 22ND AVENUE OCALA FL 34479	3941 N.E. 22ND AVENUE.						
2. Principal Place of Business		3. Mailing Address	3. Mailing Address				<b>                                      </b>		
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES			
City & State		City & State	City & State			<sup>1 Number</sup> <b>59-3432971</b>		Applied For Not Applicable	
Zip Country		Zip	Zip Countr					\$8.75 Additional Fee Required	
	6. Name and Address of Curr	ent Registered Agent		الراز المستوحة والمواسية فوراد	7. Na	me and Address of New Registe	red Agent	•	]:
				Name					
AYERS, LI 3941 N.E.	eslie H 22nd avenue		}	Street Address (P.O. Box Number is Not Acceptable)					
OCALA FL	. 34479				•				7
				City			FL Zip (	Code	
the obligat	named entity submits this statement ions of registered agent.	nt for the purpose of changing its	register	ed office or regist	tered ager	t, or both, in the State of Florida.	am familiar w	vith, and accept	
SIGNATURE .	Signature, typed or printed name of registered a	gent and title if applicable. (NOT	E: Registere	ed Agent signature requir	ired when reins	tating) D.	ATE		-
FILE NOW!!! FEE IS \$150.00  After May 1, 2003 Fee will be \$550.00  Make Check Payable to Florida Department of State						Election Campaign Financing     Trust Fund Contribution.	· _	5.00 May Be idded to Fees	
10.	<u> </u>	ND DIRECTORS	11.		ADD	TIONS/CHANGES TO OFFICERS	AND DIRECT	OBS IN 11	_
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	portify that the information cumplied	with this filing does not qualify fo			Section 11	<del></del>	r cortify that t	he information	$\dashv$

I hereby certify that the information supplied with this filling 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:** 

1-18-03

352-401-0449