

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 23, 2001 8:00 am
Secretary of State

01-23-2001 90105 007 ***150.00

0581760

DOCUMENT # P97000034995

1. Entity Name
NESSCOTT TRUCKING INC.

Principal Place of Business

19410 PEABODY ST
ORLANDO FL 32833
US

Mailing Address

PO BOX 780806
ORLANDO FL 32878
US

00008194



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

19419 PEABODY ST.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3441903**

Applied For
 Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

MANKOVICH, ROBERT
19419 PEABODY ST.
ORLANDO FL 32833

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, 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 **PD** ☐ Delete
 NAME **MANKORICH, ROBERT J**
 STREET ADDRESS **19419 PEABODY ST.**
 CITY-ST-ZIP **ORLANDO FL 32833**

TITLE **SD** ☐ Delete
 NAME **MANKOVICH, SHIRLEY**
 STREET ADDRESS **19419 PEABODY ST.**
 CITY-ST-ZIP **ORLANDO FL 32833**

TITLE **VD** ☐ Delete
 NAME **MANKORICH, ROBERT C**
 STREET ADDRESS **2396 ALABASTER AVE**
 CITY-ST-ZIP **ORLANDO FL**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 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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 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: *Robert J. Mankovich*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

President

Jan. 12, 2001

407-568-6539

Date

Daytime Phone #

ROBERT J. MANKOVICH

CR2E034 (10/00)