

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 31, 2002 8:00 am
Secretary of State

01-31-2002 90181 046 ***150.00

0592521 AT

DOCUMENT # P97000034995

1. Entity Name
NESSCOTT TRUCKING INC.

Principal Place of Business

19419 PEABODY ST
ORLANDO FL 32833
US

Mailing Address

PO BOX 780806
ORLANDO FL 32878
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

59-3441903

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

MANKOVICH, ROBERT
19419 PEABODY ST.
ORLANDO FL 32833

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE **President** **PD** ☒ Change ☐ Addition
NAME **ROBERT J. MANKOVICH**
STREET ADDRESS
CITY-ST-ZIP

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

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

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

TITLE **Vice President / D** ☒ Change ☐ Addition
NAME **ROBERT C. MANKOVICH**
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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 ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

ROBERT J. MANKOVICH
President

JAN. 14, 2002 407-568-6539

Date

Daytime Phone #

CR2E034 (9/01)