

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2003 8:00 am
Secretary of State

04-23-2003 90196 039 ***150.00

DOCUMENT # P97000042998

1. Entity Name
GP III TRUCKING, INC.



Principal Place of Business
**8802 DORIS LANE
NEW PORT RICHEY FL**

Mailing Address
**8802 DORIS LANE
NEW PORT RICHEY FL**



2. Principal Place of Business

9271 ROYAL PALM AVE

3. Mailing Address

9271 ROYAL PALM AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State

NEW PORT RICHEY, FL

City & State

NEW PORT RICHEY, FL

4. FEI Number **59-3446447**

Applied For

Not Applicable

Zip

Country

34654

Zip

Country

34654

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

6. Name and Address of Current Registered Agent

**PLEICKHARDT, GEORGE III
8802 DORIS LANE
NEW PORT RICHEY FL**

7. Name and Address of New Registered Agent

Name **PLEICKHARDT, GEORGE III**
Street Address (P.O. Box Number is Not Acceptable)
9271 ROYAL PALM AVE
City **NEW PORT RICHEY, FL** Zip Code **34654**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete
NAME **PLEICKHARDT, III G**
STREET ADDRESS **8802 DORIS LN**
CITY-ST-ZIP **NEW PORT RICHEY FL 34654**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☒ Change ☐ Addition
NAME **PLEICKHARDT, GEORGE III**
STREET ADDRESS **9271 ROYAL PALM AVE**
CITY-ST-ZIP **NEW PORT RICHEY, FL 34654**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

GEORGE PLEICKHARDT III

4/13/03

(727) 846-8530

CR2E034 (10/02)