

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 15, 2001 8:00 am
Secretary of State

05-15-2001 90010 039 ***150.00

DOCUMENT # P97000052450

1. Entity Name,

TRUCK IMPROVEMENTS OF ST. AUGUSTINE, INC.

LA

Principal Place of Business

4688 U.S. 1 NORTH
JACKSONVILLE FL 32095

Mailing Address

4688 U.S. 1 NORTH
JACKSONVILLE FL 32095

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-3493488**Applied For
Not Applicable5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CHRISTOPHER MCGANN, RYAN C
4688 U.S. 1 NORTH
JACKSONVILLE FL 32095

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 **CHRISTOPHER MCGANN, RYAN**
 STREET ADDRESS **15 SANDRA DRIVE 2235 Spanish Moss DR**
 CITY-STATE-ZIP **JACKSONVILLE BEACH FL 32250 32246**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-STATE-ZIP

TITLE ☐ Delete
 NAME
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 CITY-STATE-ZIP

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 CITY-STATE-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-STATE-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **SECTY-TREA** ☐ Change ☒ Addition
 NAME **ROBERT S. HYATT**
 STREET ADDRESS **110 OCEAN HOLLOW LN. JDU 120**
 CITY-STATE-ZIP **ST. AUGUSTINE FL 32084**

TITLE **DAVID LOVING, VICEPRES** ☐ Change ☒ Addition
 NAME **100 INDEPENDENCE RD**
 STREET ADDRESS **ANTWERP BEACH FL 32092**
 CITY-STATE-ZIP

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

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-STATE-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 S. Hyatt*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Robert S. Hyatt Secty 4-23-01 904/808-1222

Date

Daytime Phone #

CR2E034 (10/00)