

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000068935

1. Entity Name

TURK'S TRUCKING CO.

FILED
Apr 25, 2000 8:00 am
Secretary of State

04-25-2000 90057 002 ***158.75

Principal Place of Business

Mailing Address

2060 COLONIAL RD. #2
FT. PIERCE FL 34950

2060 COLONIAL RD. #2
FT. PIERCE FL 34950-5389

2. Principal Place of Business

2060 COLONIAL RD.
Suite, Apt. #, etc.
#2

3. Mailing Address

2060 COLONIAL RD
Suite, Apt. #, etc.
#2

City & State

FORT PIERCE, FL

City & State

FORT PIERCE FL

Zip

34950

Country

U.S.A

Zip

34950

Country

U.S.A.

4. FEI Number

59-3460071

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

MUSTAFA, TURK
2060 COLONIAL RD. #2
FT. PIERCE FL 34950

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, 2000 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	P	<input type="checkbox"/> Delete
NAME	TURK, MUSTAFA	
STREET ADDRESS	2060 COLONIAL RD, #2	
CITY-ST-ZIP	FT PIERCE FL 34950	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

MUSTAFA TURK

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/99 (561) 464-6289

Date

Daytime Phone #

CR2E034 (9/99)