

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 06, 2004 8:00 am
Secretary of State

08-06-2004 90001 026 ***550.00

DOCUMENT # P97000069649

1. Entity Name
LOPEZ TRANSPORT CO., INC.



Principal Place of Business

1810 W HENRY AVE
TAMPA, FL 33603

Mailing Address

1810 W HENRY AVE
TAMPA, FL 33603

3339 Pine Top Dr
Valrico, FL 33594

3339 Pine Top Dr
Valrico, FL 33594

54067124



08022004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3466693

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

LOPEZ, JUAN
1810 W HENRY AVE
TAMPA, FL 33603

Juan Lopez
3339 Pine Top Dr
Valrico FL 33594

3339 Pine Top Dr
Valrico, FL 33594

**DO NOT WRITE
IN THIS SPACE**

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

Juan Lopez

Signature typed or printed name of registered agent when applicable.

(NOTE: Registered Agent Signature required when reinstating)

8/2/04
DATE

FILE NOW!!! FEE IS \$550.00
Due by September 8, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	LOPEZ, JUAN
STREET ADDRESS	1810 W HENRY AVE
CITY-ST-ZIP	TAMPA, FL 33603
TITLE	VP
NAME	LOPEZ, LUIS
STREET ADDRESS	1810 W HENRY AVE
CITY-ST-ZIP	TAMPA, FL 33603
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

3339 Pine Top Dr
Valrico, FL 33594

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IN THIS SPACE**

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:

Juan Lopez JUAN LOPEZ

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/2/04 813)376-9057
Date Daytime Phone #

Attachment
524067124

and you do not wish to make any
changes, please select:

No Changes

the above information, please
select:

Make Changes

Sunbiz Home Page

Public Access Help

Principal Off. 3339 Pine Top Dr.
VAIRICO, IA. 33594

Mailing Off. 3339 Pine Top Dr.
VAIRICO, IA. 33594

Registered Agent: 3339 Pine Top Dr.
VAIRICO, IA. 33594