

2002 UNIFORM BUSINESS REPORT (UBR)

0490836 AV

DOCUMENT # P97000080429

1. Entity Name
PORT CHARLOTTE TRUCK RENTAL, INC.

FILED

02 MAY -3 AM 11:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business
3508 TAMiami TRAIL
PORT CHARLOTTE FL 33952

Mailing Address
3508 TAMiami TRAIL
PORT CHARLOTTE FL 33952

2. Principal Place of Business
800 Abrams Blvd.
Suite, Apt. #, etc.
N-12
City & State
Lehigh FL
Zip
33971
Country
Lee

3. Mailing Address
800 Abrams Blvd.
Suite, Apt. #, etc.
N-12
City & State
Lehigh FL
Zip
33971
Country
Lee

4. FEI Number
65-0729862
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

MCGARY, LARRY
3508 TAMiami TRAIL
PORT CHARLOTTE FL 33952

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
617 SW Santa Barbara PL
City
Cape Coral FL
Zip Code
33991

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 Larry McGary LARRY MCGARY 4-30-02
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. ☐ 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. ☐ \$5.00 May Be Added to Fees

| 11. OFFICERS AND DIRECTORS | | | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
|----------------------------|-------------------------|---------------------------------|---|---|--|
| TITLE | VPD | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | MCGARY, LARRY | | NAME | | |
| STREET ADDRESS | 3508 TAMiami TRAIL | | STREET ADDRESS | 617 SW Santa Barbara PL | |
| CITY-ST-ZIP | PORT CHARLOTTE FL 33952 | | CITY-ST-ZIP | Cape Coral FL 33991 | |
| TITLE | PDST | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | MCGARY, PATRICIA | | NAME | | |
| STREET ADDRESS | 617 SW SANTA BARBARA PL | | STREET ADDRESS | 617 SW Santa Barbara PL | |
| CITY-ST-ZIP | CAPE CORAL FL 33991 | | CITY-ST-ZIP | Cape Coral FL 33991 | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |
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| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | 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: Larry McGary REQUIRED 4-30-02 239-693-6579
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (9/01)