

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 90125 039 ***150.00

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DOCUMENT # P97000084212

1. Entity Name
R.G.C. TRUCKING, INC.



Principal Place of Business
**9 ACCESS ROAD - BHR
OKEECHOBEE FL 34974-9359**

Mailing Address
**PO BOX 8303
HOBE SOUND FL 33455**



2. Principal Place of Business

3. Mailing Address

8878 SE BRIDGE Rd

PO BOX 8303

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
HOBE SOUND FL

City & State
HOBE SOUND

4. FEI Number
65-0793754

Applied For
Not Applicable

Zip
33455

Country
MARTIN

Zip
33475

Country
MARTIN

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

**CASSIN, RUSS
9 ACCESS ROAD - BHR
OKEECHOBEE FL 34974-9359**

Name
RUSS CASSIN

Street Address (P.O. Box Number is Not Acceptable)
8878 SE BRIDGE Rd

City **HOBE SOUND** **FL** Zip Code **33455**

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 **Russ Cassin** **RUSS CASSIN PRESIDENT**

4-23-03

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 ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
NAME **CASSIN, RUSS**
STREET ADDRESS **9 ACCESS ROAD - BHR**
CITY-ST-ZIP **OKEECHOBEE FL 34974-9359**

TITLE **D** ☒ Change ☐ Addition
NAME **CASSIN, RUSS**
STREET ADDRESS **8878 SE BRIDGE Rd**
CITY-ST-ZIP **HOBE SOUND FL 33455**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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NAME
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: **RUSS CASSIN PRESIDENT** **4-23-03** **813-404-2291**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)