## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

## DOCUMENT #

Principal Place of Business

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

3499 SUNSET BLVD

NAPLES FL 34112

P97000084905

Mailing Address

3499 SUNSET BLVD

NAPLES FL 34112

3. Mailing Address

City & State

Zip

Suite, Apt. #, etc.

1. Entity Name

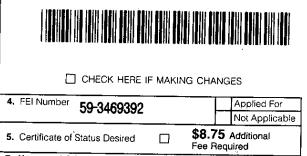
FRED'S TRUCKING, INC.



## **FILED** Jan 13, 2003 8:00 am Secretary of State

01-13-2003 90706 027 \*\*\*150.00

**EARGONA** 



ARMANTROUT, FREDDIE E 3499 SUNSET BLVD NAPLES FL 34112

| Name         |                   |                |           |    |          |  |
|--------------|-------------------|----------------|-----------|----|----------|--|
|              |                   | •              |           |    |          |  |
| Street Addr  | ess (P.O. Box Nui | mber is Not Ac | ceptable) |    |          |  |
| <del>-</del> | <del>,</del>      |                |           |    |          |  |
|              |                   |                |           |    |          |  |
|              |                   |                |           |    |          |  |
| 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. I am familiar with, and accept the obligations of registered agent.

11.

Country

SIGNATURE

10.

TITLE

STREET ADDRESS

CITY-ST-ZIP

FILE NOW!!! FEE IS \$150,00 After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

Signature, typed or printed name of registered agent and title if applicable.

OFFICERS AND DIRECTORS

Country

6. Name and Address of Current Registered Agent

(NOTE: Registered Agent signature required when reinstating)

DATE

Election Campaign Financing Trust Fund Contribution.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

\$5.00 May Be Added to Fees

☐ Delete TITLE ☐ Change Addition ARMANTROUT, FREDDIE E NAME NAME 3499 SUNSET BLVD STREET ADDRESS STREET ADDRESS NAPLES FL 34112 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME

12. I hereby certify that the information supplied with this filling 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 changed, or on an attachment with an address, with all other like empowered.

CITY-ST-ZIP

STREET ADDRESS

NAME

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR