

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 17, 2003 8:00 am
Secretary of State

03-17-2003 90680 007 ***150.00

DOCUMENT # P97000099117

1. Entity Name
INTERNATIONAL TRUCK SALES, INC.



Principal Place of Business
7595 NW HWY 25-A
OCALA, FL 34475 US

Mailing Address
1111 NORTHEAST 25TH AVENUE
201
OCALA, FL 34470

90052194



☒ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
Gainesville FL

Zip

Country

Zip

Country

32604

4. FEI Number

59-3478798

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

KLEIN, H. RANDOLPH
333 NW 3 AVE
OCALA, FL 34470

7. Name and Address of New Registered Agent

Name **Ernie Theurer**

Street Address (P.O. Box Number is Not Acceptable)

10912 NW 14 AVE

City **Gainesville**

FL

Zip Code **32606**

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

[Signature]

Ernest Theurer

3/14/03

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

(NOTE: Registered Agent's signature required when resigning)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$650.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **VPT** ☒ Delete
NAME **DILL, P W**
STREET ADDRESS **1515 E. SILVER SPRINGS BLVD, STE 200**
CITY-ST-ZIP **OCALA, FL 34470**

TITLE **S** ☐ Delete
NAME **THEURER, ERNEST E**
STREET ADDRESS **1515 E. SILVER SPRINGS BLVD, STE 200**
CITY-ST-ZIP **OCALA, FL 34470**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **VPT** ☒ Change ☐ Addition
NAME **Theurer Ernest**
STREET ADDRESS **10912 NW 14 AVE**
CITY-ST-ZIP **Gainesville FL 32606**

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

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)