

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000034190

1. Entity Name

T.F. ISAACS TRUCKING, INC.

FILED
Apr 11, 2000 8:00 am
Secretary of State

04-11-2000 90039 023 ***150.00

Principal Place of Business

Mailing Address

3499 WOODRIDGE PARKWAY
PALM HARBOR FL 34683

3499 WOODRIDGE PARKWAY
PALM HARBOR FL 34684-1777

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3510068

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

REHER, DEBORA C
3499 WOODRIDGE PARKWAY
PALM HARBOR FL 34683

Name

BARBARA ISAACS

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

3499 WOODRIDGE PKWY

City

PALM HARBOR

FL

Zip Code

34684

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

BARBARA ISAACS
Vice President

4/3/00

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back)

☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
PD	ISAACS, THERMAN	3499 WOODRIDGE PARKWAY	PALM HARBOR FL 34683	<input type="checkbox"/>
VPD	ISAACS, BARBARA A	3499 WOODRIDGE PARKWAY	PALM HARBOR FL 34683	<input type="checkbox"/>
STD	DIDONATO, HEATHER	3422 UMBER DRIVE	HOLIDAY FL 34691	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
STD	Di DONATO, Heather	1533 Alert St	HOLIDAY, FL 34690	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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:

BARBARA ISAACS
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/3/00

727 787-6991

CR2E034 (9/99)