## 2000 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # P98000045507 May 12, 2000 8:00 am Secretary of State TRUCK & ALLEN, INC. 05-12-2000 90083 024 \*\*\*150.00 Principal Place of Business Mailing Address 10230 COLLINS AVE. SUITE 201 10230 COLLINS AVE. SUITE 201 **BAL HARBOUR FL 33154-1425** BAL HARBOUR FL 33154 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 65-0838160 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired П Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name ANGLETON, JAMES SR Street Address (P.O. Box Number is Not Acceptable) 10230 COLLINS AVE, SUITE 201 **BAL HARBOUR FL 33154** Zip Code FL 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Addition Change TITLE ☐ Delete TITLE ANGLETON, JAMES SR NAME NAME 10230 COLLINS AVE, SUITE 201 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **BAL HARBOUR FL 33154** CITY-ST-ZIP Change Addition ☐ Delete TITLE. ANGLETON, JAMES JR NAME NAME 10230 COLLINS AVE, SUITE 201 STREET ADDRESS STREET ADDRESS CITY-ST-7IP -**BAL HARBOUR FL 33154** CITY-ST-ZIP Addition ☐ Change Delete TITI F TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME 4.0 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ■ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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 sopplemental 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 repelver or trustee employered 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.