

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P9800007172L**
1. Entity Name
COUNTRY TRANSPORT & TRUCK REPAIRS INC

FILED
Jun 07, 2000 8:00 am
Secretary of State

06-07-2000 90432 041 ***158.75

Principal Place of Business
535 SE 1st Ave
South Bay FL 33493

Mailing Address
same

C0100426

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
535 SE 1st Ave
Suite, Apt. #, etc.
City & State
South Bay FL
Zip
33493
Country
Palm Beach

3. Mailing Address
same
Suite, Apt. #, etc.
City & State
Zip
Country

4. FEI Number
65-0857180

Applied For
Not Applicable

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

John Troyan
4545 S. LAKE AVE
Boynton Beach FL 33436

Name

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

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.

SIGNATURE **John Troyan Pres John Troyan**

4/30/00

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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
MARLAHNE TROYAN ☐ Delete
CHAIRMAN 4545 S. LAKE AVE
Boynton Beach FL 33436

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
President John Troyan ☐ Delete
4545 S. LAKE AVE
Boynton Beach FL 33436

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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CITY-ST-ZIP
☐ Delete

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

John Troyan Pres John Troyan **4/30/00** **561-993-3000**

CR2E034 (9/99)