

DOCUMENT # P98000076419

1. Entity Name

RICH TOOLE TRANSPORT INC.

Principal Place of Business

12778 69TH STREET. NORTH
ROYAL PALM BEACH FL 33412

Mailing Address

12778 69TH STREET. NORTH
ROYAL PALM BEACH FL 33412

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

PTC WORLDWIDE INC.
4801 S. UNIVERSITY DR.
SUITE 119-B
DAVIE FL 33328

Name

Street Address (

1367

City

PLANT

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent

SIGNATURE Mark Lucrain R

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

(NOTE: Registered Agent signature required)

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, 2001 Fee will be \$550.00
Make Check Payable to Department of State

11. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

PVT
TOOLE, RICHARD C
12778 69TH STREET, NORTH
ROYAL PALM BEACH FL 33412

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

S
TOOLE, DEBORAH
12778 69TH STREET, NORTH
ROYAL PALM BEACH FL 33412

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CITY-ST-ZIP

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 607.1 of the Florida Statutes, and that the information is true and accurate and that my signature shall have the same effect as the signature of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, F.S., changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

05-04-2001 90024 015 ***150.00



DO NOT WRITE IN THIS SPACE

City & State		City & State		4. FEI Number 65-0902128		Applied For	
						Not Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			

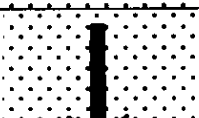
6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent	
PTC WORLDWIDE INC. 4801 S. UNIVERSITY DR. SUITE 119-B DAVIE FL 33328	Name 	
	Street Address (P.O. Box Number is Not Acceptable) 	
	1367 S UNIVERSITY DR	
	City PLANTATION	FL
		Zip Code 33324

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 Mark Luciani R 4/18/01

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

<p>9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/></p>	<p>FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State</p>	<p>10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees</p>
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVT TOOLE, RICHARD C 12778 69TH STREET, NORTH ROYAL PALM BEACH FL 33412 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S TOOLE, DEBORAH 12778 69TH STREET, NORTH ROYAL PALM BEACH FL 33412 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SIGN HERE <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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:  4/27/01 561 795 1879
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)