

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 03, 2001 8:00 am
Secretary of State
 04-03-2001 90010 012 ***158.75

0516465

DOCUMENT # P98000080715

1. Entity Name

REPCO TRUCKING, INC.

Principal Place of Business

Mailing Address

11603 S.R. 54
 ODESSA FL 33556

P.O. BOX 931
 ODESSA FL 33556

2. Principal Place of Business

3. Mailing Address

1200 S. PINEHILLS AVE

1200 S. PINEHILLS AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

#10

#10

City & State

City & State

TARPON SPRINGS, FL

TARPON SPRINGS, FL

Zip

Country

Zip

Country

34689

PINEHILLS

34689

PINEHILLS

6. Name and Address of Current Registered Agent

4. FEI Number

59-3536224

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
 Fee Required

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

VASH, DALE W ESQ.
501 EAST KENNEDY BOULEVARD
SUITE 1700
TAMPA FL 33602

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

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

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

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	NAME	TITLE	NAME
<input type="checkbox"/> Delete	D PURCELL, RAYMOND E 339 ANCLOTE ROAD TARPON SPRINGS FL 34689	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete	PD PURCELL, CAROLYN 339 ANCLOTE ROAD TARPON SPRINGS FL 34689	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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<input type="checkbox"/> Delete		<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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-13-01

(727) 945-9771

Date

Daytime Phone #

CR2E034 (10/00)