

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 22, 2002 8:00 am
Secretary of State

04-22-2002 90264 030 ***150.00

DOCUMENT # P98000081323

1. Entity Name

L & N TRUCKING INC.

Principal Place of Business

**7836 TRAIL RUN LOOP
 NEWPORT RICHEY FL 34653**

Mailing Address

**7836 TRAIL RUN LOOP
 NEWPORT RICHEY FL 34653**

2. Principal Place of Business

1801 East Lake Rd

3. Mailing Address

1801 East Lake Rd.

Suite, Apt. #, etc.

#8C

Suite, Apt. #, etc.

#8C

City & State

Palm Harbor Fl.

City & State

Palm Harbor, Fl.

Zip

34685

Country

Zip

34685

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3535751

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

**SFORZA, NICK
 7836 TRAIL RUN LOOP
 NEWPORT RICHEY FL 34653**

7. Name and Address of New Registered Agent

Name

Nick Sforza

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

1801 East Lake Rd #8C

City

Palm Harbor

FL

Zip Code

34685

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, 2002 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

TITLE ☐ Delete

**DP
 SFORZA, NICK
 7836 TRAIL RUN LOOP
 NEWPORT RICHEY FL 34653**

TITLE ☐ Delete

**DV
 SFORZA, LINDA M
 7836 TRAIL RUN LOOP
 NEWPORT RICHEY FL 34653**

TITLE ☐ Delete

TITLE ☐ Delete

TITLE ☐ Delete

TITLE ☐ Delete

TITLE ☐ Delete

TITLE ☐ Delete

TITLE ☐ Delete

TITLE ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

TITLE ☐ Change ☐ Addition

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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:

Linda M Sforza
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Linda M Sforza 4/15/02

Date

Daytime Phone #

**727-713-
 2398**

CR2E034 (9/01)