

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 22, 2000 8:00 am
Secretary of State

05-22-2000 90020 024 ***150.00

DOCUMENT # P98000087550

1. Entity Name
PATRICIO TRUCKING, INC.

Principal Place of Business Mailing Address
6221 WAXMYRTLE WAY 6221 WAXMYRTLE WAY
NAPLES FL 34109 NAPLES FL 34109-5943

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number **APPLIED FOR**
59-3553735

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

LEE, KELLY A
233 SOUTH AIRPORT ROAD
NAPLES FL 34104

7. Name and Address of New Registered Agent

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 _____ (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

TITLE	P	<input type="checkbox"/> Delete
NAME	MARTINEZ, RIENRY P	
STREET ADDRESS	1070 23RD STREET W	
CITY-ST-ZIP	NAPLES FL 34117	
TITLE	VP	<input type="checkbox"/> Delete
NAME	MARTINEZ, PATRICIA	
STREET ADDRESS	6221 WAXMYRTLE WAY	
CITY-ST-ZIP	NAPLES FL 34109	
TITLE	ST	<input type="checkbox"/> Delete
NAME	MARTINEZ, MARTA	
STREET ADDRESS	6221 WAXMYRTLE WAY	
CITY-ST-ZIP	NAPLES FL 34109	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	Reinery P Martinez	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1070 23rd St SW	
STREET ADDRESS	Naples FL 34117	
CITY-ST-ZIP		
TITLE	Patricio Martinez	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	6221 Waxmyrtle Way	
STREET ADDRESS	Naples FL 34109	
CITY-ST-ZIP		
TITLE	Martinez Marta	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	6221 Waxmyrtle Way	
STREET ADDRESS	Naples FL 34109	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: Reinery P Martinez
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

05-01-00 941-5668805
 Date Daytime Phone #

CR2E034 (9/93)