

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 19, 2002 8:00 am
Secretary of State

08-19-2002 90151 045 ***550.00

DOCUMENT # P98000090522

1. Entity Name
SUNDIAL TRUCKING INC.

Principal Place of Business
635 50TH STREET
WEST PALM BEACH FL 33407

Mailing Address
635 50TH STREET
WEST PALM BEACH FL 33407

2. Principal Place of Business

3. Mailing Address
P.O. BOX 20993

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
WEST PALM BEACH

4. FEI Number **65-0882524**

Applied For
 Not Applicable

Zip

Country

Zip

Country

33416 **FL**

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

SMITH, ERIC ANTHONY
3703 MIL LAKE CIR.
GREENACRES FL 33463

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE ERIC SMITH (NOTE: Registered Agent signature required when reinstating)

DATE 8/12/02

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 \$550.00
After September 13, 2002 Fee will be \$750.00
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 ☐ Delete
 NAME **P**
 STREET ADDRESS **BATTICK, ALFONSO**
 CITY-ST-ZIP **635 50TH STREET**
WEST PALM BEACH FL 33407

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

TITLE ☐ Delete
 NAME **CEO**
 STREET ADDRESS **SMITH, ERIC**
 CITY-ST-ZIP **3703 MIL LAKE CIR**
GREENACRES FL 33463

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ 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:

ERIC SMITH
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE 8/13/02

DAYTIME PHONE # 861-682-1280

CR2E034 (4/02)