

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000096342

1. Entity Name
H-75 TRUCK SALES, INC.

FILED
Feb 06, 2001 8:00 am
Secretary of State

02-06-2001 90053 018 ***150.00

Principal Place of Business

7099 N.W. 44TH AVE.
OCALA FL 34482

Mailing Address

7099 N.W. 44TH AVE.
OCALA FL 34482

2. Principal Place of Business

7099 N.W. 44 AVE

Suite, Apt. #, etc.

3. Mailing Address

SAME

Suite, Apt. #, etc.

City & State

OCALA

City & State

4. FEI Number

59-3543883

Applied For

Not Applicable

Zip

34482

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

BOTERO, DONNA
11991 N.E. 14TH AVENUE
ANTHONY FL 32617

1655 S.W. 63 ST Rd
OCALA FL 34476

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

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

TITLE P
NAME BOTERO, HERMAN
STREET ADDRESS 11991 N.E. 14 AVE
CITY-ST-ZIP ANTHONY FL 32617
1655 S.W. 63 ST Rd
OCALA FL 34476

TITLE VP
NAME BOTERO, DONNA R
STREET ADDRESS 11991 N.E. 14 AVE
CITY-ST-ZIP ANTHONY FL 32617
1655 S.W. 63 ST Rd
OCALA FL 34476

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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TITLE
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: Herman Botero HERMAN BOTERO PRES. 2-2-01 352 840 0663
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)