

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 18, 2003 8:00 am**  
**Secretary of State**

04-18-2003 90183 018 \*\*\*150.00

**DOCUMENT # P98000102047**

**1. Entity Name**  
**A & D TRUCKING INC.**



**Principal Place of Business**  
**524 S MARKET AVE**  
**FT PIERCE FL 34982**

**Mailing Address**  
**524 S MARKET AVE**  
**FT PIERCE FL 34982**

**2. Principal Place of Business**

**3221 Oleander Ave.**

**3. Mailing Address**

**3221 Oleander Ave.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**Ft. Pierce, FL**

City & State

**Ft. Pierce, FL**

Zip

**34982**

Country

**USA**

Zip

**34982**

Country

**USA**

**4. FEI Number 65-0933263**

Applied For

Not Applicable

**5. Certificate of Status Desired**

☐

**\$8.75 Additional Fee Required**

☐ CHECK HERE IF MAKING CHANGES

**6. Name and Address of Current Registered Agent**

**DUNAJEWSKI, JULIUS**  
**524 S MARKET AVE**  
**FT PIERCE FL 34982**

**7. Name and Address of New Registered Agent**

Name

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

**3221 Oleander Ave.**

City

**Ft. Pierce**

FL

Zip Code

**34982**

**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

*Charles Avery*  
Signature, typed or printed name of registered agent and title, if applicable.

*Charles Avery*  
(NOTE: Registered Agent signature required when re-registering)

DATE

**4/15/03**

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2003 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

**9. Election Campaign Financing**  
Trust Fund Contribution.

☐

**\$5.00 May Be Added to Fees**

**10. OFFICERS AND DIRECTORS**

|                |                                   |                                 |
|----------------|-----------------------------------|---------------------------------|
| TITLE          | PD                                | <input type="checkbox"/> Delete |
| NAME           | <b>AVERY, CHARLES</b>             |                                 |
| STREET ADDRESS | <b>3365 MATTHEWS ROAD</b>         |                                 |
| CITY-ST-ZIP    | <b>FORT PIERCE FL 34945</b>       |                                 |
| TITLE          | STD                               | <input type="checkbox"/> Delete |
| NAME           | <b>DUNAJEWSKI, JULIUS</b>         |                                 |
| STREET ADDRESS | <b>248 MARINA DRIVE</b>           |                                 |
| CITY-ST-ZIP    | <b>HUTCHINSON ISLAND FL 34949</b> |                                 |
| 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    |                                   |                                 |
| TITLE          |                                   | <input type="checkbox"/> Delete |
| NAME           |                                   |                                 |
| STREET ADDRESS |                                   |                                 |
| CITY-ST-ZIP    |                                   |                                 |

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

|                |   |
|----------------|---|
| 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    |   |
| 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    |   |
| TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |   |
| STREET ADDRESS |   |
| CITY-ST-ZIP    |   |

**12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.**

**SIGNATURE:**

*Charles Avery*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**4/15/03 772-467-1155**

CR2E034 (10/02)