## 2000 UNIFORM BUSINESS REPORT (UBR)

## FILED May 02, 2000 8:00 am Secretary of State DOCUMENT # P98000104291 SOUTHEAST TRUCK SALES, INC. 05-02-2000 90162 022 \*\*\*150.00 Principal Place of Business Mailing Address U.S. 90 EAST P.O. BOX 561 MONTICELLO FL 32345 MONTICELLO FL 32345-0561 2. Principal Place of Business 3. Mailing Address UMBERL Suite, Apt. #, etc. 59-3548199 Applied For City & State 4. FEI Number City & State <del>59-3458199</del> Not Applicable AMONT Country \$8.75 Additional 5. Certificate of Status Desired Fee Required EFFERSON 7. Name and Address of New Registered Agent Name and Address of Current Registered Agent Name BASSETT, W.W. (BILL) III Street Address (P.O. Box Number is Not Acceptable) U.S. 90 EAST MONTICELLO FL 32345 Zip Code FL 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) Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Change ☐ Addition Delete TIT! F BASSETT, W.W. (BILL) III NAME STREET ADDRESS STREET ADDRESS P.O. BOX 561 CITY-ST-ZIP CITY-ST-ZIP MONTICELLO FL 32345 Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CiTY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS 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 13 or Block 12 in the corporation of the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 or Block 12 in the corporation of the receiver of trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 or Block 12 in the corporation of the corpo