

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jun 19, 2001 8:00 am**  
**Secretary of State**

06-19-2001 90011 019 \*\*\*150.00

**C0071432**

DO NOT WRITE IN THIS SPACE

DOCUMENT # **P98000107464**

1. Entity Name

**TYLJ Trucking, Inc.**

Principal Place of Business

Mailing Address

**12104 Quercus Lane  
 Wellington FL 33414**

**Same**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**65-0883519**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**AmeriLawyer**

Name

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

City

**FL**

Zip Code

**343 Almeria Ave**

**Coral Gables 33134**

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE <b>PO</b>	<b>Frank M. Guidice</b> <input type="checkbox"/> Delete
NAME	<b>12104 Quercus Lane</b>
STREET ADDRESS	
CITY-ST-ZIP	
TITLE <b>VO</b>	<b>Victor A. Guidice</b> <input type="checkbox"/> Delete
NAME	<b>12104 Quercus Lane</b>
STREET ADDRESS	<b>Wellington FL 33414</b>
CITY-ST-ZIP	
TITLE <b>STD</b>	<b>Ruth-Elly Guidice</b> <input type="checkbox"/> Delete
NAME	<b>12104 Quercus Lane</b>
STREET ADDRESS	<b>Wellington FL 33414</b>
CITY-ST-ZIP	
TITLE <b>SO</b>	<b>Richard A. Guidice</b> <input checked="" type="checkbox"/> Delete
NAME	<b>12104 Quercus Lane</b>
STREET ADDRESS	<b>Wellington FL 33414</b>
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"/> Change <input type="checkbox"/> Addition
NAME	
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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: **Frank M. Guidice** **Frank M. Guidice** **6-13-01** **(561) 795-3046**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/00)