

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 22, 2000 8:00 am
Secretary of State

04-22-2000 90002 019 ***155.00

DOCUMENT # P99000000448

1. Entity Name

TALLEY TRUCK TRANSPORT, INC.

A9043801



DO NOT WRITE IN THIS SPACE

| | |
|--|---|
| Principal Place of Business C/O MANIAR AND CHAIET, CPA 6635 W COMMERCIAL BLVD #215 TAMARAC FL 33319 | Mailing Address C/O MANIAR AND CHAIET, CPA 6635 W COMMERCIAL BLVD #215 TAMARAC FL 33319-2141 |
|--|---|

| | |
|---|---|
| 2. Principal Place of Business C/O RAZU MANIAR CPA PA Suite, Apt. #, etc. 6635 W. COMM. BLVD., #215 City & State TAMARAC, FL Zip 33319 Country BROWARD | 3. Mailing Address C/O RAZU MANIAR CPA PA Suite, Apt. #, etc. 6635 W. COMM. BLVD. #215 City & State TAMARAC, FL Zip 33319 Country |
|---|---|

| | |
|---|--------------------------------|
| 4. FEI Number 65-0900632 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

6. Name and Address of Current Registered Agent
TALLEY, JAMES
C/O MANIAR AND CHAIET, CPA
6635 W COMMERCIAL BLVD #215
TAMARAC FL 33319

7. Name and Address of New Registered Agent
Name
TALLEY JAMES
Street Address (P.O. Box Number is Not Acceptable)
C/O RAZU MANIAR CPA PA
6635 W. COMM. BLVD. #215
City
TAMARAC, FL
Zip Code
33319

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: *James Talley* (NOTE: Registered Agent signature required when reinstating)
DATE: 4/14/00

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, 2000 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 | PD | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | TALLEY, JAMES | | NAME | | |
| STREET ADDRESS | 6635 W COMMERCIAL BLVD #215 | | STREET ADDRESS | | |
| CITY-ST-ZIP | TAMARAC FL 33319 | | CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | | | NAME | | |
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| CITY-ST-ZIP | | | CITY-ST-ZIP | | |
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| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | 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 another like empowered.

SIGNATURE: *James Talley* DATE: 4/14/00 DAYTIME PHONE: 1-800-950-4334

CR2E034 (9/99)