

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 07, 2002 8:00 am
Secretary of State
 05-07-2002 90370 050 ***150.00

DOCUMENT # P99000030427

1. Entity Name
JACKSONVILLE COMMERCIAL TRUCK SALES, INC.

Principal Place of Business
6507 COMMONWEALTH AVE
JACKSONVILLE FL 32254
US

Mailing Address
6507 COMMONWEALTH AVE
JACKSONVILLE FL 32254
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3569010**

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

SPIEGEL & UTRERA, P.A.
343 ALMERIA AVENUE
CORAL GABLES FL 33134

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, 2002 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 _____
 NAME **PSD CLARKE, ERNIE W JR.** ☐ Delete
 STREET ADDRESS **6507 COMMONWEALTH AVE**
 CITY-ST-ZIP **JACKSONVILLE FL 32254**

TITLE _____
 NAME _____ ☐ Change ☐ Addition
 STREET ADDRESS _____
 CITY-ST-ZIP _____

TITLE _____
 NAME **VTD TETRAULT, KENNETH L** ☒ Delete
 STREET ADDRESS **6507 COMMONWEALTH AVE**
 CITY-ST-ZIP **JACKSONVILLE FL 32254**

TITLE _____
 NAME _____ ☐ Change ☐ Addition
 STREET ADDRESS _____
 CITY-ST-ZIP _____

TITLE _____
 NAME _____ ☐ Delete
 STREET ADDRESS _____
 CITY-ST-ZIP _____

TITLE _____
 NAME _____ ☐ Change ☐ Addition
 STREET ADDRESS _____
 CITY-ST-ZIP _____

TITLE _____
 NAME _____ ☐ Delete
 STREET ADDRESS _____
 CITY-ST-ZIP _____

TITLE _____
 NAME _____ ☐ Change ☐ Addition
 STREET ADDRESS _____
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TITLE _____
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TITLE _____
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 STREET ADDRESS _____
 CITY-ST-ZIP _____

TITLE _____
 NAME _____ ☐ Delete
 STREET ADDRESS _____
 CITY-ST-ZIP _____

TITLE _____
 NAME _____ ☐ Change ☐ Addition
 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/02

Date

904-358-1171

Daytime Phone #

CR2E034 (9/01)