

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000039361

1. Entity Name  
COAST TO COAST TRUCK SALES, INC.

Principal Place of Business  
6429 JACK WRIGHT ISLAND ROAD  
ST. AUGUSTINE FL 32092

Mailing Address  
6429 JACK WRIGHT ISLAND ROAD  
ST. AUGUSTINE FL 32092

2. Principal Place of Business  
305B Byron Rd.  
Suite, Apt. #, etc.

3. Mailing Address  
305B Byron Rd.  
Suite, Apt. #, etc.

City & State  
Green Cove Springs, FL  
Zip  
32043  
Country  
USA

City & State  
Green Cove Springs, FL  
Zip  
32092  
Country  
USA

4. FEI Number 59-3572929

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

DAIL, PAUL R  
6429 JACK WRIGHT ISLAND ROAD  
ST. AUGUSTINE FL 32092

7. Name and Address of New Registered Agent

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, 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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
DAIL, PAUL R  
6429 JACK WRIGHT ISLAND ROAD  
ST. AUGUSTINE FL 32092 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
305B Byron Rd.  
Green Cove Springs, FL 32092 ☒ Change ☐ Addition

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

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

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

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

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

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

02/06/01 904 291 2400  
Date Daytime Phone #

FILED  
Mar 26, 2001 8:00 am  
Secretary of State

03-26-2001 90145 021 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)

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