

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 22, 2002 8:00 am
Secretary of State

04-22-2002 90244 034 ***150.00

DOCUMENT # P99000039772

1. Entity Name

FLORIDA CDL SCHOOL, INC.

Principal Place of Business

114 NORTHEAST FIRST STREET
 POST OFFICE BOX 308
 TRENTON FL 32693

Mailing Address

114 NORTHEAST FIRST STREET
 POST OFFICE BOX 308
 TRENTON FL 32693

2. Principal Place of Business

3470 NW 57th Trail

3. Mailing Address

3470 NW 57th Trail

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Bell Florida

City & State

Bell Florida

4. FEI Number

59-3586808

Applied For

Not Applicable

Zip

32619

Country

Gilchrist

Zip

32619

Country

Gilchrist

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

PHILMAN, LINDA
 3470 NW 57TH TRAIL
 BELL FL 32619

7. Name and Address of New Registered Agent

Name Philman, Linda
 Street Address (P.O. Box Number is Not Acceptable)
3340 NW 57th Trail
 City Bell FL 32619

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

Linda Philman LINDA Philman

4/2/02

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

TITLE	D	<input type="checkbox"/> Delete
NAME	PHILMAN, KEITH	
STREET ADDRESS	3340 NW 57TH TRAIL	
CITY-ST-ZIP	BELL FL 32619	
TITLE	D	<input type="checkbox"/> Delete
NAME	PHILMAN, I.J.	
STREET ADDRESS	3090 NW 57TH TRAIL	
CITY-ST-ZIP	BELL FL 32619	
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"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Linda Philman	
STREET ADDRESS	3340 NW 57 th Trail	
CITY-ST-ZIP	Bell, FL 32619	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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:

Linda Philman **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/8/02

Date

386 935- 6327

Daytime Phone #

CR2E034 (9/01)