

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 22, 2002 8:00 am**  
**Secretary of State**

05-22-2002 90142 037 \*\*\*150.00

**DOCUMENT # P99000048802**

1. Entity Name  
**TRUCKER'S PARADISE, INC.**

Principal Place of Business Mailing Address  
**110 RAND YARD ROAD 110 RAND YARD ROAD**  
**SANFORD FL 32771 SANFORD FL 32771**

2. Principal Place of Business 3. Mailing Address  
**9565 S. Orange Blsm Tr**  
 Suite, Apt. #, etc. Suite, Apt. #, etc.  
**Suite 2**

City & State City & State  
**Orlando, FL**  
 Zip Country Zip Country  
**32837 USA**

4. FEI Number **59-3586337** Applied For  
 Not Applicable  
 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  
**SCHULTE, J. TIMOTHY**  
**315 EAST ROBINSON STREET SUITE 600**  
**ORLANDO FL 32801**  
 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
 Signature, typed or printed name of registered agent and title if applicable.

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	<b>D</b> <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>LEITCHWORTH, CHARLES A</b>		NAME		
STREET ADDRESS	<b>110 RAND YARD ROAD</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>SANFORD FL 32771</b>		CITY-ST-ZIP		
TITLE	<b>D</b> <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>LEITCHWORTH, MONICA S</b>		NAME		
STREET ADDRESS	<b>110 RAND YARD ROAD</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>SANFORD FL 32771</b>		CITY-ST-ZIP		
TITLE	<b>D</b> <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>PANNONE, RAYMOND P</b>		NAME		
STREET ADDRESS	<b>110 RAND YARD ROAD</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>SANFORD FL 32771</b>		CITY-ST-ZIP		
TITLE	<b>D</b> <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>PANNONE, KAREN L</b>		NAME		
STREET ADDRESS	<b>110 RAND YARD ROAD</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>SANFORD FL 32771</b>		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		
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 all other like empowered.

SIGNATURE: Charles A. Leitchworth **Charles A. Leitchworth** 4/26/02 407 240-4669  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)