

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000057737

1. Entity Name

TURN THE PAGE TRUCKING, INC.

FILED

Jan 31, 2001 8:00 am
Secretary of State

01-31-2001 90089 033 ***150.00

Principal Place of Business

2459 CASHEW LANE
FORT PIERCE FL 34946
US

Mailing Address

2459 CASHEW LANE
FORT PIERCE FL 34946
US

2. Principal Place of Business

1815 N. 50th St.

Suite, Apt. #, etc.

3. Mailing Address

1815 N. 50th St.

Suite, Apt. #, etc.

City & State

Fort Pierce, FL

City & State

Fort Pierce, FL

4. FEI Number

65-0927973

Applied For

Not Applicable

Zip

Country

34947

USA

Zip

Country

34947

USA

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

BURLING, ANTHONY S
2459 CASHEW LANE
FORT PIERCE FL 34946

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☐ Delete
NAME BURLING, ANTHONY S
STREET ADDRESS 2459 CASHEW LANE
CITY-ST-ZIP FORT PIERCE FL 34946

TITLE ☒ Change ☐ Addition
NAME P.O. Burling, Anthony S.
STREET ADDRESS 1815 N. 50th St.
CITY-ST-ZIP Fort Pierce, FL 34947

TITLE ST ☒ Delete
NAME CHUHALOFF, RISITE
STREET ADDRESS 160 RICHARD ST
CITY-ST-ZIP SEBASTIAN FL 32958

TITLE ☐ Change ☒ Addition
NAME VP, S.T. Burling, Linda
STREET ADDRESS 1815 N. 50th St.
CITY-ST-ZIP Fort Pierce, FL 34947

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Change ☐ 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)(l), 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

Date

Daytime Phone #

CR2E034 (10/00)