

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000060150

1. Entity Name

TAM TRUCK BROKERAGE INC

FILED
Mar 27, 2000 8:00 am
Secretary of State

03-27-2000 90071 012 ***150.00

Principal Place of Business

11451 MJ RD.
 MYAKKA CITY FL 34251

Mailing Address

11451 MJ RD.
 MYAKKA CITY FL 34251-7307

2. Principal Place of Business

7733 ST ROAD 72

3. Mailing Address

P.O. Box 5848

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

SARASOTA FL.

City & State

SARASOTA FL.

4. FEI Number

65-0928954

Applied For

Not Applicable

Zip

34241

Country

SARASOTA

Zip

34277

Country

SARASOTA

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

MCLEOD, TAMMY L
 11451 MJ RD.
 MYAKKA CITY FL 34251

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, 2000 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 ☐ Delete
 NAME PRESIDENT
 STREET ADDRESS TAMMY L MCLEOD
 CITY-ST-ZIP 11451 M.J. ROAD
 MYAKKA CITY, FL. 34251

TITLE ☐ Delete
 NAME V. PRESIDENT
 STREET ADDRESS RHONDA H MCLEOD
 CITY-ST-ZIP 6152 279 ST. E
 MYAKKA CITY, FL. 34251

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition
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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)(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:

Tammy L McLeod president 3-20-2000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)