

2000 UNIFORM BUSINESS REPORT (UBR)**FILED****May 05, 2000 8:00 am**
Secretary of State

05-05-2000 90032 028 ***150.00

DOCUMENT # P99000061677

1. Entity Name

MIKE RUSSO TRUCKING, INC.

Principal Place of Business

Mailing Address

3101 JODHPRUS LANE. #2604
ORLANDO FL 32837**3101 JODHPRUS LANE. #2604**
ORLANDO FL 32837-8651

2. Principal Place of Business

3. Mailing Address

3170 Whopping Crane Run **Same**
Suite, Apt. #, etc.

City & State

City & State

Kissimmee, FL

Zip

Country

34741**USA**

Zip

Country

4. EEI Number

59-3589599

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

KNIGHT, TAMMY L
110 SE 6TH STREET, 15TH FLOOR
FORT LAUDERDALE FL 33301**New Address**

Name

Tammy L. Knight
Street Address (P.O. Box Number is Not Acceptable)**1 E. Broward Blvd.****Suite 1300**

City

Fort Lauderdale

Zip Code

FL**33301**

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 State10. 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 **D** ☐ Delete
NAME **RUSSO, MICHAEL**
STREET ADDRESS **3101 JODHPRUS LANE, #2604**
CITY-ST-ZIP **ORLANDO FL 32837**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ 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 or other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/25/00

Daytime Phone #

(407) 947-4280

CR2E034 (9/99)