

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000068426

1. Entity Name

NATIONAL TRUCK BROKERS, INC.

FILED

Mar 08, 2000 8:00 am
Secretary of State

03-08-2000 90013 002 ***150.00

Principal Place of Business

Mailing Address

208 N CYPRESS WAY
CASELBERRY FL 32707

208 N CYPRESS WAY
CASELBERRY FL 32707-2812

2. Principal Place of Business

3. Mailing Address

670 Iris Rd.

P.O. Box 180882

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Casselberry, FL.

City & State

Casselberry, FL.

4. FEI Number

59-3590653

Applied For

Not Applicable

Zip

32707

Country

USA

Zip

32718-0882

Country

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

HEIDRICH, DAVID
208 N CYPRESS WAY
CASELBERRY FL 32707

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 HEIDRICH, DAVID
STREET ADDRESS P O BOX 180882
CITY-ST-ZIP CASSELBERRY FL 32718

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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TITLE ☐ Change ☐ Addition
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

David G. Heidrich President
David G. Heidrich 2-17-00 407 331 7561

CR2E034 (9/99)