

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000070640

1. Entity Name
ROBERTOS TRUCKING & EQUIPMENT INC.

Principal Place of Business
460 JUNG BLV NW
NAPLES FL 34120

Mailing Address
460 JUNG BLV NW
NAPLES FL 34120

2. Principal Place of Business
460 JUNG BLV NW
Suite, Apt. #, etc.

3. Mailing Address
460 JUNG BLV NW
Suite, Apt. #, etc.

City & State
NAPLES FLA

City & State
NAPLES FLA

Zip
34120

Zip
34120

Country

Country

FILED
00 DEC 26 PM 3:59
SECRETARY OF STATE
TALLAHASSEE FLORIDA

8/29/00 90002028 \$150.00
9/22/00 90005000 \$400.00
DO NOT WRITE IN THIS SPACE

4. FEI Number
650966817

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
FERNANDEZ ROBERTO JR
460 JUNG BLV NW
NAPLES FLA 34120

7. Name and Address of New Registered Agent
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 Roberto Fernandez **12-20-00**
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. ☐ **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 NAME STREET ADDRESS CITY-ST-ZIP	Roberto Fernandez (P) 460 JUNG BLV NW NAPLES FLA 34120 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ISLATY LOPEZ (VP) 460 JUNG BLV NW NAPLES FLA 34120 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: Roberto Fernandez **941-253-4830**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)

KE