

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 90155 025 ***150.00

DOCUMENT # P99000070677

1. Entity Name

SAVOY TRUCKING, INC.



Principal Place of Business

**P.O. BOX 51701 42510 CLAY GULLY ROAD
SARASOTA FL 34232 MYAKKA CITY, FL 34251**

Mailing Address

**P.O. BOX 51701 42510 CLAY GULLY ROAD
SARASOTA FL 34232 MYAKKA CITY, FL 34251**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0942240

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SAVOY, ALTON B PRES

**P.O. BOX 51701 42510 CLAY GULLY ROAD
SARASOTA FL 34232 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

[Signature]

(Typed or printed name of registered agent and date if applicable)

DATE

4-25-03

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME **SAVOY, ALTON B PRES**
STREET ADDRESS **P.O. BOX 51701 42510 CLAY GULLY ROAD**
CITY - ST - ZIP **SARASOTA FL 34232 MYAKKA CITY FL 34251**

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

TITLE ☐ Delete
NAME **V.P.**
STREET ADDRESS **WENZEL JOANNE M.**
CITY - ST - ZIP **42510 CLAY GULLY ROAD
MYAKKA CITY, FL 34251**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

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12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

(Typed or printed name of signing officer or director)

Date

Daytime Phone #

4-25-03

CR2E034 (10/02)