

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000077451

1. Entity Name

ALL TRAILER TRANSPORT, INC.

FILED

Apr 05, 2000 8:00 am
Secretary of State

04-05-2000 90092 050 ***150.00

Principal Place of Business

2633 BOCH RD.
APOPKA FL 32712

Mailing Address

2633 BOCH RD.
APOPKA FL 32712-5184

2. Principal Place of Business

2653 Boch Rd.

Suite, Apt. #, etc.

3. Mailing Address

2653 Boch Rd

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Apopka FL

City & State

Apopka FL

4. FEI Number

Applied For

☒ Not Applicable

Zip

Country

32712 Orange

Zip

Country

32712 Orange

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MILLER, PENNY
2633 BOCH RD.
APOPKA FL 32712

7. Name and Address of New Registered Agent

Name

Miller, Penny

Street Address (P.O. Box Number is Not Acceptable)

2653 Boch Rd

City

Apopka

FL

Zip Code

32712

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

Penny R Miller

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1-7-00

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

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	MILLER, RICHARD L	
STREET ADDRESS	2633 BOCH RD.	
CITY-ST-ZIP	APOPKA FL 32712	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	MILLER, JESSE R	
STREET ADDRESS	2633 BOCH RD.	
CITY-ST-ZIP	APOPKA FL 32712	
TITLE	TSD	<input checked="" type="checkbox"/> Delete
NAME	MILLER, PENNY	
STREET ADDRESS	2633 BOCH RD.	
CITY-ST-ZIP	APOPKA FL 32712	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Miller Richard L	
STREET ADDRESS	2653 Boch Rd	
CITY-ST-ZIP	Apopka FL 32712	
TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Miller Jesse R	
STREET ADDRESS	2642 Oak Dr.	
CITY-ST-ZIP	Apopka FL 32712	
TITLE	TSD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Miller Penny	
STREET ADDRESS	2653 Boch Rd	
CITY-ST-ZIP	Apopka FL 32712	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Penny R Miller

Date

Daytime Phone #

407-886
0589

CR2E034 (9/99)