

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000094827

1. Entity Name

B & C TRUCKING SERVICES, INC.

FILED
Mar 22, 2000 8:00 am
Secretary of State

03-22-2000 90012 045 ***150.00

Principal Place of Business

Mailing Address

1778 MIDSUMMER AVE.
APOPKA FL 32712

1778 MIDSUMMER AVE.
APOPKA FL 32712-1430

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

59-3606361

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

GISEL, CHARLES F JR.
1778 MIDSUMMER AVE.
APOPKA FL 32712

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 Charles F. Gisel, Jr.
Signature, typed or printed name of registered agent and title if applicable

CHARLES F. GISEL, JR. PRESIDENT
(NOTE: Registered Agent signature required when reinstating)

03/03/2000
DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) **XX**

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	PD	<input type="checkbox"/> Delete
NAME	GISEL, CHARLES F JR.	
STREET ADDRESS	1778 MIDSUMMER AVE.	
CITY-ST-ZIP	APOPKA FL 32712	
TITLE	VSTD	<input type="checkbox"/> Delete
NAME	GISEL, BETTY	
STREET ADDRESS	1778 MIDSUMMER AVE.	
CITY-ST-ZIP	APOPKA FL 32712	
TITLE		<input type="checkbox"/> Delete
NAME		
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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: BETTY GISEL

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/13/00
Date

4078862272
Daytime Phone *

CR2E034 (9/99)