

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 24, 2001 8:00 am
Secretary of State

08-24-2001 90005 004 ***550.00

0092569 AV

DOCUMENT # S37770

1. Entity Name

A TRUCK BODY & EQUIPMENT CO., INC.

Principal Place of Business

**1700 STARKEY RD
 LARGO FL 33771**

Mailing Address

**1700 STARKEY RD
 LARGO FL 33771**

2. Principal Place of Business

1880 STARKEY RD

Suite, Apt. #, etc.

3. Mailing Address

1880 STARKEY RD.

Suite, Apt. #, etc.

City & State

LARGO FLORIDA

City & State

LARGO FLORIDA

4. FEI Number

59-3056397

Applied For

Not Applicable

Zip

33771

Country

U.S.

Zip

33771

Country

U.S.

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**HASKELL, LOUIS CPA
 415 S. SAMREMO AVE
 CLEARWATER FL 33756**

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

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 \$550.00

**After September 12, 2001 Fee will be \$750.00
 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 **P** ☐ Delete
 NAME **SAPP, VIVIAN J**
 STREET ADDRESS **2405 SUMMERLIN DR**
 CITY-ST-ZIP **CLEARWATER FL 33764**

TITLE **V** ☐ Delete
 NAME **SAPP, ALLEN D**
 STREET ADDRESS **2405 SUMMERLIN DR**
 CITY-ST-ZIP **CLEARWATER FL 33764**

TITLE **S** ☐ Delete
 NAME **SAPP, NEIL B**
 STREET ADDRESS **3505 GREENGLLEN CIRCLE**
 CITY-ST-ZIP **PALM HARBOR FL 34684**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ 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 REQUIRED: SAPP
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/21/2001
 Date

727-535 6900
 Daytime Phone #

CR2E034 (5/01)