

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S64281

1. Entity Name

ENTERPRISE TRUCKING, INCORPORATED

FILED
Apr 21, 2000 8:00 am
Secretary of State

04-21-2000 90104 012 ***150.00

Principal Place of Business

Mailing Address

1776 WOOD HAVEN ST.
TARPON SPRINGS FL 34689
US

1776 WOOD HAVEN ST
TARPON SPRINGS FL 34275-2031
US

2. Principal Place of Business

104 LYONS BAY RD.

3. Mailing Address

104 LYONS BAY RD.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

NOKOMIS, FL.

City & State

NOKOMIS, FL.

4. FEI Number

59-3078219

Applied For

Not Applicable

Zip

34275

Country

SARASOTA

Zip

34275

Country

SARASOTA

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

ROBERT D'AMICO
1776 WOOD HAVEN ST
TARPON SPRINGS FL 34689

Name

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

104 LYONS BAY RD.

City

NOKOMIS

FL

Zip Code

34275

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

Robert D'Amico ROBERT D'AMICO, PRESIDENT

4-13-2000

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 \$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	P	<input type="checkbox"/> Delete
NAME	D'AMICO, ROBERT	
STREET ADDRESS	1776 WOOD HAVEN ST	
CITY-ST-ZIP	TARPON SPRINGS FL	
TITLE	VST	<input type="checkbox"/> Delete
NAME	D'AMICO, MARTHA	
STREET ADDRESS	1776 WOOD HAVEN ST	
CITY-ST-ZIP	TARPON SPRINGS FL 34689	
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		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	104 LYONS BAY RD.
CITY-ST-ZIP	NOKOMIS, FL. 34275
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	104 LYONS BAY RD.
CITY-ST-ZIP	NOKOMIS, FL. 34275
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.

ROBERT D'AMICO

SIGNATURE:

Robert D'Amico ROBERT D'AMICO, PRESIDENT

4-13-2000

941-486-1591

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)