2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V10520

1. Entity Name

METTS' TRUCK CENTER, INC.

FILED Jan 29, 2000 8:00 am Secretary of State

							09 047 ***	150.00	
Principal Plac	e of Business	Mailing Address							
2329 N. SKEETER TERR. HERNANDO FL 34442 US		2329 N. SKEETER TERR. HERNANDO FL 34442-5025 US							
				_					
2. Principal Place of Business Suite, Apt. #, etc. City & State		3. Mailing Address Suite, Apt. #, etc. City & State					PAIN PIAN BIAN		
					DO NOT WRITE IN THIS SPACE				
					4. FEI Number 59-3100033 Applied F				
Zip	Country	Zip	Country	5. 0	Certificate of	Status Desired		8.75 Add	
	6. Name and Address of Curre	nt Registered Agent		7. N	ame and A	ddress of New R			
Carlotte Control of the Control of t		Name			, =	•	- 5.		
METTS, HAROLD J. 2329 N. SKEETER TERR.			Street Addres	ddress (P.O. Box Number is Not Acceptable)					
	NANDO FL 32642								
			City				FL	Zip Code	₽
8 The above	named entity submits this statement	for the purpose of changing its	registered office or regis	tered age	ent, or both.	n the State of Flo	=		<u> </u>
••	The state of the s	To the property of the good of	19.2.2.2	3					
SIGNATURE .	Construction and account of the contract of th	ant and title if applicable (NOT)	E. Bogistered Appet Signature (POL	lired when ro	instating)		DATE		
	Signature, typed or printed name of registered age	1	E: Registered Agent signature requ	lired when re	nstating)		DATE		
9. This corpo	Signature, typed or printed name of registered age or printed in the printed name of registered age or printed in the printed name of registered age or printed in the printed name of registered age.	FILE NOW!	E: Registered Agent signature requirements I!!! FEE IS \$150.00 100 Fee will be \$550.0 101 to Department of S	0	10. Electi	on Campaign Fir Fund Contributio	nancing		0 May Be
9. This corpo	oration is eligible to satisfy its Intangit equirement and elects to do so. ria on back) OFFICERS AN	FILE NOW!	!!! FEE IS \$150.00 100 Fee will be \$550.0	0 State	10. Electi Trust		nancing in.	Ådded	I to Fees
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13. Thereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. Fill their Certify intelline 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 PRECTOR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

27 JAN 00

Daytime Phone #