

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 08, 2000 8:00 am**  
**Secretary of State**  
 03-08-2000 90029 050 \*\*\*150.00

**DOCUMENT # V42852**

1. Entity Name  
**CRISOLA TRUCKING, INC.**

Principal Place of Business

SHINN RD.  
 ST. LUCIE FL 34988

Mailing Address

401 S INDIAN RIVER DR.  
 SUITE A  
 FORT PIERCE FL 34950-1530  
 US

2. Principal Place of Business

3. Mailing Address

6950 Shinn Road

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State  
 Port St. Lucie, FL

4. FEI Number **65-0344612**

☒ Applied For  
☐ Not Applicable

Zip

Country

Zip  
 34988

Country  
 USA

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

FEE, FRANK H. III  
 401-A S INDIAN RIVER DR  
 FT PIERCE FL 34950

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 \$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	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	CHANGE	ADDITION
D	FEE, FRANK H. III	401-A S INDIAN RIVER DR	FT PIERCE FL	<input checked="" type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
P	KARNS, SHELDON	6950 SHINN RD.	PORT ST. LUCIE FL	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
VP	KARNS, PENNY	6950 SHINN RD.	PORT ST. LUCIE FL	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>

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

Date

Daytime Phone #

3/4/00 (56) 489-2408

CR2E034 (9/99)