

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V68185

1. Entity Name
TRUCKCOMM, INC.

FILED
Apr 27, 2001 8:00 am
Secretary of State

04-27-2001 90231 009 ***150.00

Principal Place of Business Mailing Address
8010 SW 94 COURT 244 SW DALTON CIRCLE
MIAMI FL 33173 PORT ST LUCIE, FL
US 34953 US 34953

2. Principal Place of Business 3. Mailing Address
244 SW DALTON CIRCLE 244 SW DALTON CIRCLE
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
PORT ST LUCIE FL PORT ST LUCIE FL
Zip Country Zip Country
34953 US 34953 US

4. FEI Number 65-0360412 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

HUNT, CHRISTINE
8010 SW 94 CT 244 SW DALTON CIRCLE
MIAMI FL 33173 PORT ST LUCIE, FL 34953

Name CHRISTINE HUNT
Street Address (P.O. Box Number is Not Acceptable)
244 SW DALTON CIRCLE
City PORT ST LUCIE FL Zip Code 34953

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 CHRISTINE HUNT C. Hunt 4.23.01
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, 2001 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	<input type="checkbox"/> Delete
	D HUNT, CHRISTINE C.	8010 SW 94TH CT	MIAMI FL	
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
	CHRISTINE HUNT	244 SW DALTON CIRCLE	PORT ST LUCIE, FL 34953	
				<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: C. Hunt C. HUNT
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4.23.01
Date

Daytime Phone #

CR2E034 (10/00)