

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 08, 2003 8:00 am
Secretary of State

01-08-2003 90161 003 ***150.00

DOCUMENT # P00000112287

1. Entity Name
F & B TRANSPORT, INC.



Principal Place of Business
**2715 SE MORNING CIRC BLVD
PORT SAINT LUCIE FL 34952**

Mailing Address
**2715 SE MORNING CIRC BLVD
#99
PORT SAINT LUCIE FL 34952**



2. Principal Place of Business
450 S MILITARY TR

3. Mailing Address
new address

Suite, Apt. #, etc.
D

Suite, Apt. #, etc.

City & State
West Palm Beach FLORIDA

City & State

Zip
33415

Country
PALESTINE

Zip
33415

Country

4. FEI Number
65-1059590

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

ANTONELLI, FRANK
15629 S.W. 73 CIRCLE TERRACE
#98
MIAMI FL 33193

7. Name and Address of New Registered Agent

Name
FRANK ANTONELLI

Street Address (P.O. Box Number is Not Acceptable)
778 SUMMIT LAKES DRIVE

City
West Palm Beach

State
FL

Zip Code
33415

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE DATE

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
P

NAME
ANTO NERRI, FRANK

STREET ADDRESS
1081 SW ALEXANDRIA AVE.

CITY-ST-ZIP
PORT SAINT LUCIE FL 34953

☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Change ☐ Addition

TITLE

NAME

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☐ Change ☐ Addition

12. 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 10 or Block 11 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

1/4/23 5614719334

Date Daytime Phone #

CR2E034 (10/02)