

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P9800026185

1. Entity Name

I-10 TRUCK SALES, INC



FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

03 SEP 25 AM 9:45

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
1700 ROYAL FERN LANE

3. Mailing Address  
1700 ROYAL FERN LANE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
ORANGE PARK, FL

City & State  
ORANGE PARK, FL

4. FEI Number 59-3509509

Applied For  
Not Applicable

Zip  
32003

Country  
USA

Zip  
32003

Country  
USA

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

**DO NOT WRITE  
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name SHERYL R. BRADY

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

1700 ROYAL FERN LANE

City ORANGE PARK, FL Zip Code 32003

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1: Fee is \$150.00

After May 1: Fee is \$550.00

Amended UBR is \$61.25

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: STD  
NAME: BRADY, SHERYL R  
STREET ADDRESS: 1700 ROYAL FERN LANE  
CITY-ST-ZIP: ORANGE PARK, FL 32003 Orange Park, FL

TITLE: PD  
NAME: BRADY, JOHN F III  
STREET ADDRESS: 1700 ROYAL FERN LANE  
CITY-ST-ZIP: ORANGE PARK, FL 32003 Orange Park, FL

TITLE: \_\_\_\_\_  
NAME: \_\_\_\_\_  
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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

*Sheryl Brady*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/13/03

Date

Daytime Phone #

CR2E034B (12/02)

*8/1/03*