

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **G16264**

1. Entity Name

PHIL'S TRUCKING CO.

FILED
Apr 24, 2000 8:00 am
Secretary of State

04-24-2000 90004 046 ***150.00

110254



DO NOT WRITE IN THIS SPACE

Principal Place of Business % PHILIP JAMES ANDERSON 14810 N.E. 7TH COURT N. MIAMI FL 33161-2258	Mailing Address C/O HORENSTEN, DAVID, B 7600 RED ROAD, STE. 119 MIAMI FL 33143-5421 US
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address 7600 RED ROAD Suite, Apt. #, etc. STE. 210
City & State	City & State MIAMI, FL
Zip Country	Zip Country 33143 US

4. FEI Number 59-2239045	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HORENSTEN, DAVID B
7600 RED RD
STE 119
MIAMI FL 33143

7. Name and Address of New Registered Agent

Name
HORENSTEN, DAVID B.

Street Address (P.O. Box Number is Not Acceptable)
7600 RED ROAD

STE 210

City
MIAMI FL Zip Code
33143

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 *David B Horensten* 4/13/00
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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD ANDERSON, MARIAN J 14810 NE 7TH CT N MIAMI FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDC ANDERSON, PHILIP J 14810 NE 7TH CT N MIAMI FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ANDERSON, PHILIP G. 2344 ARLES HALE RD. RUSSELL SPRINGS KY 42642	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<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: *Marian J Anderson* 5/7 4/13/00 305-665-3600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)