2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H18579

1. Entity Name

BOTHE TRUCKING, INC.

FILED
Apr 18, 2000 8:00 am
Secretary of State
04-18-2000 90181 007 ***150.00

Principal Place of Business	Mailing Address
% CHARLES J. BOTHE. JR. 9610 HWY 92 E TAMPA FL 33610	% CHARLES J. BOTHE. JR. 9610 HWY 92 E TAMPA FL 33610

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
9715 Hwy 92 E	9715 Hwy 92 E
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Tampa FL	City & State: Tampa FL
Zip: 33610 / Country: US	Zip: 33610 / Country: US

4. FEI Number 59-2453870 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

BOTHE, CHARLES J., JR.
2303 HIGHWAY 60
VARICO FL 33594

7. Name and Address of New Registered Agent

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 Kay E Garcia Office Mgr. KAY E Garcia 4-11-2000
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	VP	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	GARCIA, KAY E		NAME		
STREET ADDRESS	2303 HWY 60		STREET ADDRESS		
CITY-ST-ZIP	VALRICO FL		CITY-ST-ZIP		
TITLE	P	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	BOTHE, CHARLES JR		NAME		
STREET ADDRESS	2303 HWY 60		STREET ADDRESS		
CITY-ST-ZIP	VALRICO FL		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
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TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

CR2E034 (9/99)

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: Kay E Garcia KAY E Garcia OFF. Mgr. 4-10-2000 813 626-8884
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #