2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 04, 2002 8:00 am
Secretary of State
02-04-2002 90347 030 ***150.00

062015? AT

DOCUMENT # K65103

1. Entity Name
HASTINGS TRUCKING CO.

Principal Place of Business	Mailing Address
#7640 STATE ROAD 207	~~BOX 44T~~ Box 244
~~P O BOX 475~~	~~QUARRYVILLE PA 17566~~
HASTINGS FL 32145-7475	US Peach Bottom PA 17563

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
7640 State Rd 207	Box 244
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Hastings FL	City & State: Peach Bottom PA
Zip: 32145 Country: USA	Zip: 17563 Country: USA

4. FEI Number 59-2956620 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

TOWNSEND, WILLIAM S JR
C/O WALTON, TOWNSEND, MCLEOD
200 REID ST
PALATKA FL 32178

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 ______
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, 2002 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	P	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	KREIDER, RONALD L		NAME	
STREET ADDRESS	1121 SPRING VALLEY RD		STREET ADDRESS	
CITY-ST-ZIP	QUARRYVILLE PA		CITY-ST-ZIP	
TITLE	ST	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	WELLER, CYNTHIA S		NAME	
STREET ADDRESS	785 SCOTLAND RD		STREET ADDRESS	
CITY-ST-ZIP	QUARRYVILLE PA		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	
CITY-ST-ZIP			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	
CITY-ST-ZIP			CITY-ST-ZIP	

CR2E034 (9/01)

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: Cynthia Weller (signature) 1-18-02 717 5484924
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #