2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L73774

1. Entity Name

BRUCE D. DUNCAN TRUCKING, INC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 SEP 29 PM 1:18

Principal Place of Business	Mailing Address
371 PINE LANE CRAWFORDVILLE FL 32327 US	371 PINE LANE CRAWFORDVILLE FL 32327 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
7158 COASTAL HIGHWAY	7158 COASTAL HIGHWAY
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: CRAWFORDVILLE, FL	City & State: CRAWFORDVILLE, FL
Zip: 32327 Country: US	Zip: 32327 Country: US

4. FEI Number 59-3022496 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
SUBER-DUNCAN, TONYA 215 LAKE ELLA DRIVE TALLAHASSEE, FL 32303	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 $550.00
After SEPTEMBER 13, 2000 Min. will be $750.00
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PTC DUNCAN, BRUCE D. 371 PINE LANE CRAWFORDVILLE FL 32327	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President Duncan, Bruce D. 7158 COASTAL HIGHWAY CRAWFORDVILLE, FL 32327	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PVSD SUBER-DUNCAN, TONYA 371 PINE LANE CRAWFORDVILLE FL	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V/P Suber-Duncan, Tonya L. 7158 COASTAL HIGHWAY CRAWFORDVILLE, FL 32327	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T/S/D/M/V Suber, Barbara K. 7158 Coastal Hwy. Crawfordville, FL 32327	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	000003417440--9 -10/06/00--01113--013 ****750.00 ****750.00	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	10/3	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (5/00)

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: SIGNATURE REQUIRED Tonya Suber-Duncan 9-27-2000 850-925-6589
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #