

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 27, 2001 8:00 am**  
**Secretary of State**

01-27-2001 90063 002 \*\*\*150.00

**DOCUMENT # P00000068193**

1. Entity Name  
**MCBURNETT TRUCKING CORP.**

Principal Place of Business Mailing Address  
**4010 PARKSIDE STREET 4010 PARKSIDE STREET**  
**LEHIGH ACRES FL 33936 LEHIGH ACRES FL 33936**

**906249**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address  
**101 Highview Ave 101 Highview Ave**  
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State  
**Lehigh Acres FL Lehigh Acres FL**  
 Zip Country Zip Country  
**33936 U.S.A. 33936 U.S.A.**

4. FEI Number Applied For  
**65-1028391** Not Applicable  
 5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent  
**MCBURNETT, REGINA**  
**4010 PARKSIDE STREET**  
**LEHIGH ACRES FL 33936**

7. Name and Address of New Registered Agent  
 Name **Regina McBurnett**  
 Street Address (P.O. Box Number is Not Acceptable)  
**101 Highview Ave**  
 City **Lehigh Acres** **FL** Zip Code **33936**

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 **Regina McBurnett** DATE **1/17/01**  
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.  **FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 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 NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>MCBURNETT, REGINA</b> <b>4010 PARKSIDE STREET</b> <b>LEHIGH ACRES FL 33936</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: **Regina McBurnett** DATE **1/17/01** 941-657-2729  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (10/00)