## 2000 UNIFORM BUSINESS REPORT (UBR)

## **FILED** Feb 11, 2000 8:00 am Secretary of State DOCUMENT # P92000006718 1. Entity Name B M L TRUCKING INCORPORATED 02-11-2000 90026 016 \*\*\*150.00 Principal Place of Business Mailing Address 2125 4TH ST. EAST 2125 4TH ST. EAST BRADENTON FL 34208 **BRADENTON FL 34208-3613** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number City & State City & State 85-0411722 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent JOHNSON FINANCIAL SVCS INC Street Address (P.O. Box Number is Not Acceptable) 239 US 301 BLVD. E SUIT F **BRADENTON FL 34208** Zip Code FL 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) П Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. PDTR TITLE ☐ Delete TITLE ☐ Change Addition WEST, EDITH N., NAME NAME 2125 4TH ST EAST STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **BRADENTON FL** CITY-ST-7IP DS ☐ Change Addition ☐ Delete TITLE TITLE WEST, LARRY D., NAME NAME 2125 4TH ST EAST STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP BRADENTON FL The second second second second second . . Change. -TITLE Delete - ---TITLE WEST: BRUCE F NAME NAME 510 W MARLAND BLVD STREET ADDRESS STREET ADDRESS **HOBBS NM 88240** CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change Delete TITLE TITLE WEST, MARTIN K NAME NAME 106 WAVE G. STREET ADDRESS STREET ADDRESS CITY-ST-ZIF LOVINGTON NM CITY-ST-ZIP Addition TITLE ☐ Delete TITLE ☐ Change WEST, DON. NAME NAME 2125 4TH ST. EAST STREET ADDRESS STREET ADDRESS CITY-ST-ZIP BRADENTON FL CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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.

lent Edith N. West, Pres.