

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 15, 2000 8:00 am**  
**Secretary of State**

03-15-2000 90087 023 \*\*\*150.00

**DOCUMENT # V65375**

1. Entity Name

**DAVE CASON TRUCKING, INC.**

Principal Place of Business

Mailing Address

8605 137TH RD  
 LIVE OAK FL 32060  
 US

8605 137TH RD  
 LIVE OAK FL 32060-8851  
 US

822378



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-3140522**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**CASON, DAVID K**  
**8605 137TH RD**  
**LIVE OAK FL 32060**

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, 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

| 11. OFFICERS AND DIRECTORS |                 |                                 | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |   |  |
|----------------------------|-----------------|---------------------------------|---|---|--|
| TITLE                      | PD              | <input type="checkbox"/> Delete | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| NAME                       | CASON, DAVID K. |                                 | NAME  |   |  |
| STREET ADDRESS             | 8605 137TH RD   |                                 | STREET ADDRESS  |   |  |
| CITY-ST-ZIP                | LIVE OAK FL     |                                 | CITY-ST-ZIP   |   |  |
| TITLE                      |                 | <input type="checkbox"/> Delete | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| NAME                       |                 |                                 | NAME  |   |  |
| STREET ADDRESS             |                 |                                 | STREET ADDRESS  |   |  |
| CITY-ST-ZIP                |                 |                                 | CITY-ST-ZIP   |   |  |
| TITLE                      |                 | <input type="checkbox"/> Delete | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| NAME                       |                 |                                 | NAME  |   |  |
| STREET ADDRESS             |                 |                                 | STREET ADDRESS  |   |  |
| CITY-ST-ZIP                |                 |                                 | CITY-ST-ZIP   |   |  |
| TITLE                      |                 | <input type="checkbox"/> Delete | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| NAME                       |                 |                                 | NAME  |   |  |
| STREET ADDRESS             |                 |                                 | STREET ADDRESS  |   |  |
| CITY-ST-ZIP                |                 |                                 | CITY-ST-ZIP   |   |  |
| TITLE                      |                 | <input type="checkbox"/> Delete | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| NAME                       |                 |                                 | NAME  |   |  |
| STREET ADDRESS             |                 |                                 | STREET ADDRESS  |   |  |
| CITY-ST-ZIP                |                 |                                 | CITY-ST-ZIP   |   |  |
| TITLE                      |                 | <input type="checkbox"/> Delete | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| NAME                       |                 |                                 | NAME  |   |  |
| STREET ADDRESS             |                 |                                 | STREET ADDRESS  |   |  |
| CITY-ST-ZIP                |                 |                                 | CITY-ST-ZIP   |   |  |

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: *David K. Cason*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/12/2000

904-362-2419

Date

Daytime Phone #