

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000006761

1. Entity Name

JUNE HYDE TRUCKING CO., INC.

FILED

Jan 19, 2000 8:00 am  
Secretary of State

01-19-2000 90258 043 \*\*\*150.00

Principal Place of Business

5010 SHADY OAK DRIVE SOUTH  
LAKELAND FL 33809

Mailing Address

5010 SHADY OAK DRIVE SOUTH  
LAKELAND FL 33810-2434

703258



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

5010 Shady Oak Dr S  
Suite, Apt. #, etc.

3. Mailing Address

5010 Shady Oak Dr S  
Suite, Apt. #, etc.  
Lakeland

City & State

Lakeland FL

City & State

Lakeland FL

4. FEI Number

59-3215854

Applied For

Not Applicable

Zip

33810

Country

Polk

Zip

33810

Country

Polk

5. Certificate of Status Desired

☐ \$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

HARGRAVES, JUNE H  
5010 SHADY OAK DRIVE SOUTH  
LAKELAND FL 33809

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

*June Hargraves*

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

TITLE ☐ Delete  
NAME D  
STREET ADDRESS HARGRAVES, JUNE H  
CITY-ST-ZIP 5010 SHADY OAK DRIVE SOUTH  
LAKELAND FL 33809

TITLE ☐ Delete  
NAME D  
STREET ADDRESS HARGRAVES, ANTHONY T  
CITY-ST-ZIP 5010 SHADY OAK DRIVE SOUTH  
LAKELAND FL 33809

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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:

*June Hargraves*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/12/00

863-683-1525

Daytime Phone #

CR25024 10/00