

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 29, 2001 8:00 am**  
**Secretary of State**  
 03-29-2001 90031 021 \*\*\*150.00

0380193

**DOCUMENT # P98000088659**

1. Entity Name

**ASHLEY TRUCKING, INC.**

Principal Place of Business

720 RIVIERA DRIVE  
 LAKE PLACID FL 33852

Mailing Address

720 RIVIERA DRIVE  
 LAKE PLACID FL 33852

**C0038980**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

~~720 Riviera Dr~~

3. Mailing Address

**P.O. Box 2046**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**Lake Placid, FL**

City & State

**Lake Placid, FL**

Zip

**33852**

Country

**USA**

Zip

**33862**

Country

**USA**

4. FEI Number

**59-3540714**

Applied For

Not Applicable

5. Certificate of Status Desired, ☐

**\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**SUGGS, LUKE**  
**720 RIVIERA DRIVE**  
**LAKE PLACID FL 33852**

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

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, 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

TITLE	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>SUGGS, LUKE</b>	
STREET ADDRESS	<b>720 RIVIERA DR</b>	
CITY-ST-ZIP	<b>LAKE PLACID FL</b>	
TITLE	<b>VPST</b>	<input type="checkbox"/> Delete
NAME	<b>SUGGS, CHERYL</b>	
STREET ADDRESS	<b>720 RIVIERA DR</b>	
CITY-ST-ZIP	<b>LAKE PLACID FL</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 another like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2/28/01**

Date

**863-465-7672**

Daytime Phone #

CR2E034 (10/00)