FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 27, 2003 8:00 am
Secretary of State
01-27-2003 90153 045 ***150.00

DOCUMENT # 289978

1. Entity Name

B+A Hyder Trucking Co., Inc.

DO NOT WRITE IN THIS SPACE

60010254

2. Principal Place of Business	3. Mailing Address
314 Hyder St.	314 Hyder St.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Hendersonville, NC	City & State: Hendersonville, NC
Zip: 28792-2732 Country	Zip: 28792-2732 Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1152097 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Hyder Gregory Allen Doc

Street Address (P.O. Box Number is Not Acceptable): 3334 Hwy. 39

City: Zephyrhills FL Zip Code: 33540

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE ______________________________
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

January 1 - May 1 Fee is $150.00
After May 1 Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P	TITLE	
NAME	Hyder, Boyd L.	NAME	
STREET ADDRESS	314 Hyder St.	STREET ADDRESS	
CITY-ST-ZIP	Hendersonville, NC 28792	CITY-ST-ZIP	
TITLE	S	TITLE	
NAME	Hyder, Janice L.	NAME	
STREET ADDRESS	314 Hyder St.	STREET ADDRESS	
CITY-ST-ZIP	Hendersonville, NC 28792	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
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CITY-ST-ZIP		CITY-ST-ZIP	

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CR2E034B (12/02)

12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: Janice L. Hyder JAnice L. Hyder 1-22-03 828-693-5208
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #