

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 328466

1. Entity Name

STONIER TRUCKING COMPANY, INC.

FILED
Jan 27, 2000 8:00 am
Secretary of State

01-27-2000 90068 024 ***150.00

Principal Place of Business

2315 BEACH BLVD.
SUITE 201
JACKSONVILLE BCH FL 32250

Mailing Address

2315 BEACH BLVD.
SUITE 201
JACKSONVILLE BCH FL 32250-4033

2. Principal Place of Business

3131 ST. JOHNS BLUFF

Suite, Apt. #, etc.

3. Mailing Address

3131 ST. JOHNS BLUFF

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

JACKSONVILLE, FL

Zip

Country

FL 32246

City & State

JACKSONVILLE, FL

Zip

Country

32246

4. FEI Number

59-1214475

Applied For

Not Applicable

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

STONIER, DEANE A
2415 COSTA VERDE BLVD.
JACKSONVILLE, FL
32250

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	V STONIER, DAVID D 4028 JEBB ISLAND CIR. W. JACKSONVILLE FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KELLEY, KEITH S. 2604 LYNN HAVEN TERR. JACKSONVILLE FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P STONIER, DEANE A. 2415 COSTA VERDE BLVD., UNIT 316 JACKSONVILLE BCH FL 00000	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST SMITH, KAREN J. 2069 WILDWOOD LANE SWITZERLAND FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

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

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: *Karen J. Smith* KAREN J. SMITH

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-20-00

Date

(904) 249-0604

Daytime Phone #

CR2E034 (9/99)