## 2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

## Apr 13, 2000 8:00 am Secretary of State DOCUMENT # 551037 1. Entity Name C.E. HUFFMAN TRUCKING, INC. 04-13-2000 90107 028 \*\*\*150.00 Principal Place of Business Mailing Address 1131 9TH AVE EAST 1131 9TH AVE EAST **BRADENTON FL 34208** BRADENTON FL 34208-2143 .... 2. Principal Place of Business 3. Mailing Address 1101 9th Ave. East 1101 9th Ave. East Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4, FEI Number 59-1772538 Not Applicable Bradenton, Florida Bradenton, Florida \$8.75 Additional <sup>Zip</sup>34208 Country Manatee Manatee 34208 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name HARRISON, GEORGE H. Street Address (P.O. Box Number is Not Acceptable) 1206 MANATEE AVE W **BRADENTON FL 34205** Zip Code City FL 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. Change ☐ Addition Delete TITLE TITLE HUFFMAN, C E NAME NAME 9604 CORTEZ RD #224 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP BRADENTON, FL 00000 CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE MCMONAGLE, BARBARA A NAME NAME 121 TIDEWATER DR. STREET ADDRESS STREET ADDRESS BRADENTON, FL 00000 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE GRADY, WILLIAM O. NAME 6251 MURIWOOD COURT STREET ADDRESS STREET ADDRESS SARASOTA FL CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete SKINNER, RICHARD L NAME NAME 5019 4TH ST WEST STREET ADDRESS STREET ADDRESS **BRADENTON FL** CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP [7] Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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 attachput with an address, with all other like empowered.

4/10/00

941-748-0969

Daytime Phone #