

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 567628

1. Entity Name

BREEDEN TRUCKING, INC.

FILED
Apr 13, 2000 8:00 am
Secretary of State

04-13-2000 90096 031 ***150.00

Principal Place of Business

Mailing Address

~~RT. 4, BOX 166~~ 9203 Hosford Hwy
QUINCY FL 32351

~~RT. 4, BOX 166~~ 9203 Hosford Hwy
QUINCY FL 32351-9400



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1841134

Applied For

Not Applicable

Zip

Country

Zip

Country

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

Name

BREEDEN, ROBERT L.

Street Address (P.O. Box Number is Not Acceptable)

Please note address change!!!

9203 Hosford Highway
Quincy FL 32351

Tax filing requirement and election
(See criteria on back)



Make Check Payable to Department of State

Trust Fund Contribution

Address

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BREEDEN, ROBERT L. RT. 4, BOX 166 QUINCY FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST BREEDEN, VIRGINIA A. RT. 4, BOX 166 QUINCY 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
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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
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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:

Robert L. Breeden
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-07-00 850.627 3359

CR2E034 (9/99)