

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 698590

1. Entity Name

SOUTHLAND TRUCKING, INC.

FILED
Feb 14, 2000 8:00 am
Secretary of State

02-14-2000 90047 014 ***150.00

Principal Place of Business

Mailing Address

3250 NW 150TH STREET
TRENTON FL 32693

P.O. BOX 182
TRENTON FL 32693-0182

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

4. FEI Number

59-2139024

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

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, 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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
DP	ASBELL, JAMES D.	3250 NW 150TH ST.	TRENTON FL 32693	<input type="checkbox"/>
VSD	ASBELL, ELNOR, H	P.O. BOX 182/304 SE 1 ST	TRENTON FL	<input checked="" type="checkbox"/>
VT	BARRON, THERESA	11691 NW 70th Ave	Chiefland FL 32626	<input type="checkbox"/>
✓	Leah A. Williams	13550 NE CR339	Trenton FL 32693	<input type="checkbox"/>
✓	Edward F. Barron, JR.	11691 NW 70th Ave	Chiefland FL 32626	<input type="checkbox"/>
✓	Abraham J. Blitch	13550 NE CR339	Trenton FL 32693	<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
9	Deborah L. Sturgeon	4652 Coventry Ct.	Orlando FL 32812	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input checked="" type="checkbox"/>

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 an other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-6-00 352-493-9201

CR2E034 (9/99)