

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A23428**

1. Entity Name

G.R. TRUCKING COMPANY, LTD.

Principal Place of Business

P. O. BOX ~~DRAWER 8~~
VERO BEACH FL 32961

Mailing Address

P. O. BOX ~~DRAWER 8~~
VERO BEACH FL 32961

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

P.O. BOX 2090

Suite, Apt. #, etc.

P.O. BOX 2090

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2724914

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

MILWOOD DAVID
505 66TH AVENUE S.W.
VERO BEACH FL 32968

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. Capital Contributions
as Shown on record.

\$361,550.00

10. Amount of Capital Contributions
in FLORIDA to date.

11. **MAKE CHECK PAYABLE TO DEPT. OF STATE**
SEE REVERSE SIDE FOR FEE INFORMATION

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION

13. ADDRESS CHANGES ONLY

DOCUMENT # **J37681**
NAME **G.R. TRUCKING CORP.**
STREET ADDRESS **505 66TH AVE. S.W.**
CITY - ST - ZIP **VERO BEACH FL**

STREET ADDRESS

CITY - ST - ZIP

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CITY - ST - ZIP

STREET ADDRESS

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14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

2/9/00 561-562-4502

CR2E003 (9/99)

0020788

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FILED

00 FEB 15 AM 10:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE