

# 2000 UNIFORM BUSINESS REPORT (UBR)

0020030 AF

<b>DOCUMENT # A96000001546</b>			
<b>1. Entity Name</b> ETN TRUCKING LTD.			
<b>Principal Place of Business</b> 11859 WEST HWY 328 OCALA FL 34482		<b>Mailing Address</b> P.O. BOX 770537 OCALA FL 34477-0537	
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
<b>6. Name and Address of Current Registered Agent</b>		<b>7. Name and Address of New Registered Agent</b>	
<b>NEWTON, ERNEST T</b> <b>11859 WEST HWY 328</b> <b>OCALA FL 34482</b>		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		<div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
<b>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.</b>			
<b>SIGNATURE</b> _____ (NOTE: Registered Agent signature required when reinstating) _____ <b>DATE</b> _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>			
<b>9. Capital Contributions as Shown on record.</b> <span style="float: right;"><b>\$0.00</b></span>		<b>10. Amount of Capital Contributions in FLORIDA to date.</b>	
<b>11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION</b>			
<b>A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b> <b>NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.</b>			
<b>12. GENERAL PARTNER INFORMATION</b>		<b>13. ADDRESS CHANGES ONLY</b>	
DOCUMENT #	<b>NEWTON, ERNEST T</b> <b>11859 WEST HWY 328</b> <b>OCALA FL 34482</b>	STREET ADDRESS	<div style="border: 1px solid black; padding: 5px; text-align: center;"> <b>8000003207868-7</b>              -04/13/00--01106--003              ****150.00--****150.00           </div>
NAME		CITY - ST - ZIP	
STREET ADDRESS			
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FILED  
00 APR 11 PM 2:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

**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:** *Ernest T Newton* **REQUIRED** 1-10-2000 904-571-3056  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (1/99)