

**LIMITED PARTNERSHIP  
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # A96000001546

1. Entity Name

ETN TRUCKING LTD



**FILED**

2004 AUG 19 P 12:25

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

11859 W. HWY 3288

Suite, Apt. #, etc.

3. Mailing Address

BOX 770537

Suite, Apt. #, etc.

**DUE BY MAY 1**

City & State  
OCALA, FLORIDA

City & State  
OCALA, FLORIDA

4. FEI Number

59-3413976

Applied For

Not Applicable

Zip  
34482

Country  
USA

Zip  
34477-0537

Country  
USA

5. Certificate of Status Desired ☒

**\$8.75** Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

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

City

**FL**

Zip Code

**DO NOT WRITE  
IN THIS SPACE**

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. I am familiar with and accept the obligations of registered agent

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

DATE

9. Capital Contributions  
as Shown on record.

0

10. Amount of Capital Contributions  
in FLORIDA to date.

0

11. MAKE CHECK PAYABLE TO FL. 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

DOCUMENT # A96000001546  
NAME ERNEST T. NEWTON  
STREET ADDRESS 11859 W. HWY 328  
CITY-ST-ZIP OCALA, FLORIDA. 34482

STREET ADDRESS

CITY-ST-ZIP

700040648237  
08/30/04-01091-017 \*\*52.50

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08/30/04-01091-018 \*\*97.50

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CITY-ST-ZIP

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*

ERNEST T, NEWTON

6/28/04

1-904-571-3056

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E003B (12/02)