

**2003 LIMITED PARTNERSHIP
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # **A96000001546**

1. Entity Name
ETN TRUCKING LTD.



Principal Place of Business
**11859 WEST HWY 328
OCALA FL 34482**

Mailing Address
**P.O. BOX 770537
OCALA FL 34477-0537**

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

FILED

03 MAY -6 AM 9:32

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**



| | | | | | |
|--------------------------------|---------|---------------------|---------|----------------------------------|-----------------------------------|
| 2. Principal Place of Business | | 3. Mailing Address | | DUE BY MAY 1, 2003 | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | DUE BY MAY 1, 2003 | |
| City & State | | City & State | | 4. FEI Number | 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

**NEWTON, ERNEST T
11859 WEST HWY 328
OCALA FL 34482**

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. 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. | \$0.00 | 10. Amount of Capital Contributions in FLORIDA to date. | <input checked="" type="checkbox"/> | 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 | | 13. ADDRESS CHANGES ONLY | |
| DOCUMENT # | NAME STREET ADDRESS CITY-ST-ZIP | STREET ADDRESS CITY-ST-ZIP | |
| DOCUMENT # | NAME STREET ADDRESS CITY-ST-ZIP | STREET ADDRESS CITY-ST-ZIP | 6000015297326 05/06/03--01070--020 **150.00 |
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CR2E003 (10/02)

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 REQUIRED

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

04-27-03 1-904-571-3056

Date

Daytime Phone #