## 2000 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # F9400003661 May 15, 2000 8:00 am Secretary of State ANDREWS TRUCKING CO. 05-15-2000 90192 032 \*\*\*150.00 Principal Place of Business Mailing Address 3850 SE 58 AVE P.O. BOX 830034 OCALA FL 34483-0034 OCALA FL 34480 Principal Place of Business 11051 DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc Øitv & State & State Applied For 4. FEI Number 06-1320532 FL Spa dh Wiela Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent Name and Address of Current Registered Agent Name DOWNIE, DWIGHT A Street Address (P.O. Box Number is Not Acceptable) 7125 71ST WAY W. PALM BCH FL 33407 Zip Code City FL ent for the purpose of changing its registered office or registered agent, or both, in the State of Florida. 8. The above SIGNATURE DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. Change ☐ Addition TITLE ☐ Delete DOWNIE, DWIGHT A STREET ADDRESS 7125 71ST WAY STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF W. PALM BCH FL 33407 ☐ Addition ☐ Defete TITLE Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE Change ☐ Addition Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information 13. I hereby certify that the information supplied Indicated on this report or supplemental poort is tree 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 received 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 SIGNATURE: Daytime Phone # AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR