

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # G03912

1. Entity Name
COGGINS TRANSPORTATION CORP.

Principal Place of Business

HIGHWAY 33 SOUTH
OKAHUMPKA FL 34762

Mailing Address

P.O. BOX 55
OKAHUMKA FL 34762

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 59-2262773

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

DENHOFS, DAN
HIGHWAY 33 SOUTH
OKAHUMPKA FL 34762

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. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P
NAME RAKESTRAW, HARRIS
STREET ADDRESS HIGHWAY 33 SOUTH
CITY-ST-ZIP OKAHUMPKA FL 34762 ☒ Delete

TITLE P
NAME Daniel Denhof
STREET ADDRESS HIGHWAY 33 SOUTH
CITY-ST-ZIP OKAHUMPKA FL 34762 ☐ Change ☒ Addition

TITLE D
NAME GAINNEY, HARVEY N
STREET ADDRESS 6000 CLAY AVENUE, S.W.
CITY-ST-ZIP GRAND RAPIDS MI ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE DST
NAME OSTERHOUSE, CARL N
STREET ADDRESS 6000 CLAY AVENUE, S.W.
CITY-ST-ZIP GRAND RAPIDS MI ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

13. 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 or supplemental report is true 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 receiver 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Daniel Denhof DANIEL DENHOF
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/18/01 352 326 8900
Date Daytime Phone #

FILED
Apr 18, 2001 8:00 am
Secretary of State

04-18-2001 90357 001 ***300.00

38031



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)