

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H51818

1. Entity Name

GOLDEN HARVEST TRUCK BROKERAGE COMPANY

FILED
Feb 23, 2000 8:00 am
Secretary of State

02-23-2000 90017 009 ***150.00

Principal Place of Business

Mailing Address

4788 NORTH U.S. 1
P O BOX 2549
FORT PIERCE FL 34946
US

4788 NORTH U.S. 1
P O BOX 2549
FORT PIERCE FL 34954-2549
US

2. Principal Place of Business

3. Mailing Address

P.O. Box 2549

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
Fort Pierce, FL

4. FEI Number 59-2556034

Applied For

Not Applicable

Zip

Country

Zip
34954

Country
U.S.A.

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

BASS, R. DALE
8686 ANDREWS AVENUE
FT. PIERCE FL 34954

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 reinstalling)

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, 2000 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	NAME	STREET ADDRESS	CITY - ST - ZIP	TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
	PD	BASS, R. DALE	8686 ANDREWS AVENUE FT. PIERCE FL 34954				
	VSD	BASS, DIANNA L.	8686 ANDREWS AVENUE FT. PIERCE FL 34954				

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:

Dianna Bass Dianna Bass

1/31/00

(561) 461-6669

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #