

# 2000 UNIFORM BUSINESS REPORT (UBR)

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

02-23-2000 90017 009 \*\*\*150.00

**DOCUMENT # H51818**

1. Entity Name

**GOLDEN HARVEST TRUCK BROKERAGE COMPANY**

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

Suite, Apt. #, etc.

**P.O. Box 2549**

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 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, 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*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Dianna Bass**

**1/31/00**

**(561) 461-6669**

Date

Daytime Phone #



DO NOT WRITE IN THIS SPACE