

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H56363

1. Entity Name

VARNER TRUCKING, INC.

FILED
Jan 22, 2000 8:00 am
Secretary of State

01-22-2000 90080 026 ***158.75

Principal Place of Business

Mailing Address

P.O. BOX 2220
ARCADIA FL 33821

P.O. BOX 2220
ARCADIA FL 34265-2220

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2530606

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

7. Name and Address of New Registered Agent

VARNER, DAVID O
2901 HWY. 31 S.
ARCADIA FL 33821

Name: Edward O. VARNER
Street Address (P.O. Box Number is Not Acceptable): 2901 Hwy 31 S
City: Arcadia FL Zip Code: 34266

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	P	<input type="checkbox"/> Delete
NAME	VARNER, EDWARD O	
STREET ADDRESS	P.O. BOX 2220 N/A	
CITY-ST-ZIP	ARCADIA FL 33821	
TITLE	V	<input type="checkbox"/> Delete
NAME	VARNER, DAVID O	
STREET ADDRESS	3334 SEVIER AVE	
CITY-ST-ZIP	KNOXVILLE TN	
TITLE	S	<input type="checkbox"/> Delete
NAME	VARNER, IRIS I	
STREET ADDRESS	P.O. BOX 2220 N/A	
CITY-ST-ZIP	ARCADIA FL 33821	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	Edward O. VARNER	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	2901 Hwy 31 S.	
STREET ADDRESS	ARCADIA, FL	
CITY-ST-ZIP	34266	
TITLE	DAVID O. VARNER	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	3445 John Sevier Hwy.	
STREET ADDRESS	KNOXVILLE, TN.	
CITY-ST-ZIP	37914	
TITLE	Fris F. VARNER	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	2901 Hwy 31 S.	
STREET ADDRESS	ARCADIA, FL	
CITY-ST-ZIP	34266	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: Edward O. VARNER Edward O. VARNER 1-10-2000 941-993-3232
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)