

# 2000 UNIFORM BUSINESS REPORT (UBR)

4/1

**FILED**  
**May 15, 2000 8:00 am**  
**Secretary of State**

04-12-2000 90175 005 \*\*\*150.00

**DOCUMENT # H67346**

1. Entity Name

**DOUGLAS BURROWS & SONS TRUCKING COMPANY, INC.**

Principal Place of Business

P.O. BOX 1928  
 VENICE FL 34284

Mailing Address

P.O. BOX 1928  
 VENICE FL 34284-1928

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

NOKOMIS FL

Zip

Country

Zip

34274-2069

Country

FLORIDA

4. FEI Number

16-1128303

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

BURROWS, DOUGLAS, SR.  
 487 PICASSO DRIVE  
 NOKOMIS FL 34275

Name

Street Address (P.O. Box Number is Not Acceptable)

P.O. Box 2069

City

NOKOMIS

FL

Zip Code

34274-2069

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: ☐ \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
 P  
 BURROWS, DOUGLAS H., SR.  
 467 PICASSO DR  
 NOKOMIS FL ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
 ST  
 BURROWS, MARY G.  
 467 PICASSO DR  
 NOKOMIS FL ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
 V  
 BURROWS, DUANE E.  
 1117 UNDERWOOD DR  
 VENICE FL ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
☐ Delete

TITLE  
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 STREET ADDRESS  
 CITY-ST-ZIP  
☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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 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:

*Mary Burrows*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARY BURROWS

4/7/00

Date

(941) 484-6423

Daytime Phone #