4/3

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 05, 2001 8:00 am
Secretary of State
04-30-2001 90450 036 ***150.00

DOCUMENT # H67346

1. Entity Name
DOUGLAS BURROWS & SONS TRUCKING COMPANY, INC.

Principal Place of Business	Mailing Address
P.O. BOX 1928 VENICE FL 34284	P.O. BOX 3069 NOKOMIS FL 34274

[redacted]

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
P.O. Box 2069	P.O. Box 2069
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Nokomis, FL.	City & State: Nokomis FL.
Zip: 34274 Country: SARASOTA	Zip: 34274 Country: SARASOTA

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. PO BOX 2069 NOKOMIS FL 34275	Name: Douglas Burrows Sr. Street Address (P.O. Box Number is Not Acceptable) 467 Picasso Dr. City: Nokomis FL Zip Code: 34275

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	P BURROWS, DOUGLAS H., SR. 467 PICASSO DR NOKOMIS FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition P.O. Box 2069 Nokomis, FL. 34274
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ST BURROWS, MARY G. 467 PICASSO DR NOKOMIS FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition P.O. Box 2069 Nokomis, FL. 34274
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V BURROWS, DUANE E. 1117 UNDERWOOD DR VENICE FL	☐ 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
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ 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

CR2E034 (10/00)

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 4/18/01 (941) 484-6423
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #