

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 16, 2002 8:00 am
Secretary of State

05-16-2002 90014 046 ***150.00

DOCUMENT # H67346

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

Principal Place of Business

P.O. BOX 2069
NOKOMIS FL 34274

Mailing Address

P.O. BOX 2069
NOKOMIS FL 34274



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
P.O. Box 2069
 Suite, Apt. #, etc.

3. Mailing Address
P.O. Box 2069
 Suite, Apt. #, etc.

City & State
No Komis, FL
Zip
34274
Country
SARASOTA

City & State
No Komis, FL
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

BURROWS, DOUGLAS, SR.
467 PICASSO DR
NOKOMIS FL 34275

7. Name and Address of New Registered Agent

Name
Douglas Burrows, Sr.
Street Address (P.O. Box Number is Not Acceptable)
467 Picasso Dr
City
No Komis, 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: _____ (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, 2002 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	P	<input type="checkbox"/> Delete
NAME	BURROWS, DOUGLAS H., SR.	
STREET ADDRESS	P O BOX 2069	
CITY-ST-ZIP	NOKOMIS FL 34274	
TITLE	ST	<input type="checkbox"/> Delete
NAME	BURROWS, MARY G.	
STREET ADDRESS	P O BOX 2069	
CITY-ST-ZIP	NOKOMIS FL 34274	
TITLE	V	<input type="checkbox"/> Delete
NAME	BURROWS, DUANE E.	
STREET ADDRESS	1117 UNDERWOOD DR	
CITY-ST-ZIP	VENICE FL	
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		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

4/24/01 *(94) 484-6423*
 Date Daytime Phone #

CR2E034 (9/01)