

2000 UNIFORM BUSINESS REPORT (UBR)

3/

DOCUMENT # H90407

1. Entity Name

THOROUGHbred FREIGHT LINES, INC.

FILED
Apr 20, 2000 8:00 am
Secretary of State

03-22-2000 90019 031 ***150.00

Principal Place of Business

% JAMES MOONEY
7400 N.W. 55TH AVE.
OCALA FL 32675

Mailing Address

% JAMES MOONEY
7400 N.W. 55TH AVE.
OCALA FL 34482-2279

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-2521135

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

MOONEY, JAMES
7400 N.W. 55TH AVE.
OCALA FL 32675

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	P	MOONEY, JAMES	<input type="checkbox"/> Delete
NAME		7400 NW 55TH AVE.	
STREET ADDRESS		OCALA FL	
CITY-ST-ZIP			
TITLE	VD	MOONEY, JAMES F., JR.	<input type="checkbox"/> Delete
NAME		7400 NW 55TH AVE.	
STREET ADDRESS		OCALA FL 34482	
CITY-ST-ZIP			
TITLE	D	BRUCE, JASON	<input type="checkbox"/> Delete
NAME		7400 NW 55TH AVE	
STREET ADDRESS		OCALA FL 34482	
CITY-ST-ZIP			
TITLE	D	BRUCE, LESLIE	<input type="checkbox"/> Delete
NAME		7400 NW 55TH AVE	
STREET ADDRESS		OCALA FL 34482	
CITY-ST-ZIP			
TITLE	D	HAGAN, KATHLEEN	<input type="checkbox"/> Delete
NAME		7400 NW 55TH AVE	
STREET ADDRESS		OCALA FL 34482	
CITY-ST-ZIP			
TITLE	SD	MOONEY, JEANETTE	<input type="checkbox"/> Delete
NAME		7400 NW 55TH AVE	
STREET ADDRESS		OCALA FL 34482	
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
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

James Mooney

3-17-00

Date

Daytime Phone #

CR2E034 (9/99)