

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Feb 24, 1999 8:00 am**  
**Secretary of State**

02-24-1999 90018 032 \*\*\*150.00

DOCUMENT # J14071

1. Corporation Name  
UNITED TRUCKING CO., INC.

Principal Place of Business

2018 N.E. 27TH AVENUE  
P.O. BOX 5049  
GAINESVILLE FL 32609  
US

Mailing Address

2018 N.E. 27TH AVENUE  
P.O. BOX 5049  
GAINESVILLE FL 32602-5049  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/13/1986

4. FEI Number

59-2676875

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

Trust Fund Contribution

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year Intangible

Personal Property Tax.

☐

Yes ☐ No

2. Principal Place of Business

21 2121 NW 67 PL

Suite, Apt. #, etc.

22

City & State

23 GAINESVILLE FL

Zip

24 32653

Country

25 USA

2a. Mailing Address

26 13607 NW 50 AVE

Suite, Apt. #, etc.

27

City & State

28 GAINESVILLE, FL

Zip

29 32606-3562

Country

30 USA

9. Name and Address of Current Registered Agent

REMBERT, DAVIS M.  
2018 N.E. 27TH AVENUE  
GAINESVILLE FL 32609

13607 NW 50 Ave.  
GAINESVILLE, FL  
32606-3562

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE  
NAME REMBERT, DAVIS M.  
STREET ADDRESS 2018 N.E. 27TH AVENUE 13607 NW 50 AVE  
CITY-ST-ZIP GAINESVILLE FL

TITLE ☐ DELETE  
NAME DP  
NAME REMBERT, JUDITH C.  
STREET ADDRESS 2018 N.E. 27TH AVENUE 13607 NW 50 AVE  
CITY-ST-ZIP GAINESVILLE FL

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 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

Date

Daytime Phone #

1/11/99 352-332-2335

0063618

CR2E034 (11/98)