

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J91160

1. Entity Name

M & W TRUCKING CO. OF HILLSBOROUGH, INC.

FILED
May 13, 2000 8:00 am
Secretary of State

05-13-2000 90037 049 ***150.00

Principal Place of Business

Mailing Address

10441 N HARNEY RD
THONOTOSASSA FL 33592
US

P.O. BOX 593
THONOTOSASSA FL 33592-0593

2. Principal Place of Business

3. Mailing Address

10441 N. HARNEY RD.

P.O. BOX 584

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

THONOTOSASSA, FLA.

City & State

THONOTOSASSA, FLA.

4. FEI Number

59-2849127

Applied For

Not Applicable

Zip

33592

Country

HILLSBOROUGH

Zip

33592

Country

HILLSBOROUGH

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

ROBERT K EDDY
808 W DE LEON STREET
TAMPA FL 33606

Name

Robert K. Eddy.

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

808 W. DeLeon St.

City

Tampa FLA

FL

Zip Code

33606

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 ☐ Delete
NAME D
STREET ADDRESS MILLER, JOHN H.
CITY-ST-ZIP 10602 LELAND HAVES RD.
THONOTOSASSA FL 33592

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

TITLE ☐ Delete
NAME D
STREET ADDRESS WYLY, MARVIN
CITY-ST-ZIP 10601 LELAND HAWES RD
THONOTOSASSA FL 33592

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

TITLE ☐ Delete
NAME PTD
STREET ADDRESS MILLER, JOHN H.
CITY-ST-ZIP 16602 LELAND HAVES RD
THONOTOSASSA FL

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

TITLE ☐ Delete
NAME VPSD
STREET ADDRESS WYLY, MARVIN
CITY-ST-ZIP 10601 LELAND HAWES RD
THONOTOSASSA FL

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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

Date

Daytime Phone #

4-27-00 813-986-1275