## 2001 UNFORM BUSINESS REPORT (UBR) **FILED** Mar 22, 2001 8:00 am Secretary of State **DOCUMENT # K73196** A & F TRUCKING OF PASCO, INC. 03-22-2001 90046 005 \*\*\*150.00 Mailing Address Principal Place of Business P.O. BOX 7280 8533 LAFITTE DRIVE HUDSON FL 34667 HUDSON FL 34674 US 2. Principal Place of Business 17934 Drayton St. 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Spring Hill, FL 34610 Applied For City & State City & State 4. FEI Number 61-1070872 Not Applicable Zip Zip Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required Pasco 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Freddie D. Blackburn BLACKBURN, FREDDIE D Street Address (P.D. Bax Number is Bot Acceptable) 8533 LAFITTE DRIVE HUDSON FL 34667 Spring Hill, FL 34610 Zip Code City FL 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. 3/19/0/ FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State p49DITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. ☐ Delete TITLE TITLE Blackburn, Freddie D. BLACKBURN, FREDDIE D NAME NAME STREET ADDRESS 17934 Drayton St. STREET ADDRESS 8533 LAFITTE DRIVE Spring Hill, FL CITY-ST-7IP 34610 CITY-ST-ZIP HUDSON FL 34667 ☐ Addition Change TITLE □ Delete TITLE BLACKBURN, ARLIS NAME NAME Blackburn, Arlis STREET ADDRESS STREET ADDRESS 8533 LAFITTE DRIVE 17934 Drayton St. CITY-ST-ZIP CITY-ST-ZIP HUDSON FL 34667 Spring Hill, FL 34610 ☐ Addition ☐ Change \_\_\_\_\_Delete TITLE NAMÉ NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE

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.

NAME

TITLE

NAME

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

Arlis Blackburn 3/19/01 727-849-15/3

☐ Delete

☐ Change

☐ Addition