

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 19, 2000 8:00 am
Secretary of State
 01-19-2000 90102 048 ***150.00

DOCUMENT # K89595

1. Entity Name

BRYANT & COMPANY TRUCKING, INC.

Principal Place of Business

16100 US 301

**503 E MERIDIAN AVE
 DADE CITY FL 33525
 US**

Mailing Address

**16100 HWY. 301
 DADE CITY FL 33523
 US**

80003153



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

16100 US 301

Suite, Apt. #, etc.

3. Mailing Address

16100 US 301

Suite, Apt. #, etc.

City & State

DADE CITY FL

Zip

Country

33523 USA

City & State

DADE CITY FL

Zip

Country

33523 USA

4. FEI Number

59-2952191

Applied For

Not Applicable

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

**COUNCIL, JOHN R.
 503 E. MERIDIAN AVENUE
 P.O. BOX 911
 DADE CITY FL 33526**

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 **D** ☐ Delete
 NAME **BRYANT, JAMES W., JR**
 STREET ADDRESS **16100 HWY. 301**
 CITY-ST-ZIP **DADE CITY FL 33523**

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

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: **James W. Bryant, Jr. Pres.**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-10-00 352-567-5669
 Date Daytime Phone #

CR2E034 (9/99)