## 2000 UNIFORM BUSINESS REPORT (UBR) **DOCUMENT # L42981** Jan 13, 2000 8:00 am Secretary of State Y.C.S. TRUCKING, INC. 01-13-2000 90019 010 \*\*\*150.00 Mailing Address Principal Place of Business 3013 NW 60TH ST 3013 NW 60TH ST FT LAUDERDALE FL 33309-1991 FT LAUDERDALE FL 33309 2. Principal Place of Business 1305 N.W. 6 3. Mailing Address N.W. Nu. 65 1305 DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 31-1289356 Not Applicable 333.09 \$8.75 Additional 5. Certificate of Status Desired 33309 Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name OWELL YOWELL, KENNETH Street Address (P.O. Box Number is Not Acceptable) 3013 NW 60TH ST FT LAUDERDALE FL 33309 LAND. 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. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to sa sfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Addition Change ☐ Delete TITLE TITLE YOWELL, KENNETH NAME NAME STREET ADDRESS 3013 NW 60TH ST STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF FT LAUDERDALE FL Addition Change TITLE Delete YOWELL, CAROL NAME STREET ADDRESS STREET ADDRESS 7805 ELLIS RD -CITY-ST-ZIP - -CITY-ST-ZIP MELBOURNE FL-☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP I hereby certify that the information supplied with this filling 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Date

Date

Date

Date

Date

Date

Description

Description