

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 05, 2001 8:00 am**  
**Secretary of State**

03-05-2001 90275 043 \*\*\*150.00

DOCUMENT # **L73774**

1. Entity Name

**BRUCE D. DUNCAN TRUCKING, INC.**

**723858**



DO NOT WRITE IN THIS SPACE

Principal Place of Business <b>7158 COASTAL HIGHWAY CRAWFORDVILLE FL 32327 US</b>	Mailing Address <b>7158 COASTAL HIGHWAY CRAWFORDVILLE FL 32327 US</b>
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number <b>59-3022496</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent

**SUBER-DUNCAN, TONYA  
215 LAKE ELLA DRIVE  
TALLAHASSEE, FL 32303**

7. Name and Address of New Registered Agent

Name **Tracy L. Holcomb**  
Street Address (P.O. Box Number is Not Acceptable)  
**143 Marie Circle**  
City **Crawfordville, FL** Zip Code **32327**

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 *Tracy L. Holcomb* - *TRACY L. HOLCOMB* *02-14-01*  
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) <input type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2001 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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11. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P DUNCAN, BRUCE D 7158 COASTAL HIGHWAY CRAWFORDVILLE FL 32327</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PVC SUBER-DUNCAN, TONYA L 7158 COASTAL HIGHWAY CRAWFORDVILLE FL 32327</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TSDM SUBER, BARBARA K 7158 COASTAL HIGHWAY CRAWFORDVILLE FL 32327</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V SUBER, BARBARA K 7158 COASTAL HIGHWAY CRAWFORDVILLE FL 32327</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DM C. Doug Herron 7158 Coastal Hwy. Crawfordville, FL 32327</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TS Barbara K. Suber 7158 Coastal Hwy. Crawfordville, FL 32327</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: *Tonya Suber* *1-30-2001* *850-925-6595*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)