

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M85071

1. Entity Name

HAULERS OF TRANSPORTATION LINES, INC. ✓

Principal Place of Business

2250 OSHKOSH COURT
ORLANDO FL 32818-5209

Mailing Address

2250 OSHKOSH COURT
ORLANDO FL 32818-5209

2. Principal Place of Business

6405 Mainsail Ct

Suite, Apt. #, etc.

3. Mailing Address

6405 Mainsail Ct

Suite, Apt. #, etc.

City & State

Orlando FL

City & State

Orlando, FL

4. FEI Number

59-2892469

Applied For

Not Applicable

Zip

32807

Country

USA

Zip

32807

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

JONES, KEN
2250 OSHKOSH CT.
ORLANDO FL 32818-5209

7. Name and Address of New Registered Agent

Name

-nil-

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

-nil-

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 \$550.00
After SEPTEMBER 13, 2000. Min. will be \$750.00
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

TITLE PST ☐ Delete
NAME JONES, KEN
STREET ADDRESS 2250 OSHKOSH CT.
CITY-ST-ZIP ORLANDO FL

TITLE D ☐ Delete
NAME JONES, KEN
STREET ADDRESS 2250 OSHKOSH CT.
CITY-ST-ZIP ORLANDO FL

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

TITLE ☐ Change ☐ Addition
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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 state law, Section 119.07(3)(c), 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

7/8/00

Daytime Phone #



DO NOT WRITE IN THIS SPACE

1034 (1/00)