

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P00000005225**

1. Entity Name

DEVIL'S GARDEN TRUCKING, INC.**FILED****Mar 05, 2001 8:00 am**
Secretary of State

03-05-2001 90355 002 ***150.00

Principal Place of Business

**POST OFFICE BOX 84
FELDA FL 33930**

Mailing Address

**POST OFFICE BOX 84
FELDA FL 33930**

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

65-0995704

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

**BONE, C. EARL
PERRY ROAD
FELDA FL 33930**

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

C. Earl Bone

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

02-23-019. 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, 2001 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 NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
PD BONE, C. EARL POST OFFICE BOX 84 FELDA FL 33930	<input type="checkbox"/>		<input type="checkbox"/>
VSTD CAMPOS, EDUARDO POST OFFICE BOX 84 FELDA FL 33930	<input type="checkbox"/>		<input type="checkbox"/>
DIRECTOR Sylvia Bone P.O. Box 84 FELDA, FL 33930	<input type="checkbox"/>	DIRECTOR Sylvia Bone P.O. Box 84 FELDA, FL 33930	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
	<input type="checkbox"/>		<input type="checkbox"/>
	<input type="checkbox"/>		<input type="checkbox"/>
	<input type="checkbox"/>		<input type="checkbox"/>
	<input type="checkbox"/>		<input type="checkbox"/>

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:

Sylvia Bone

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-27-01

Date

941-657-3644

Daytime Phone #

CR2E034 (10/00)