## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

Mailing Address

POST OFFICE BOX 84 FELDA FL 33930

## DOCUMENT # P0000005225

1. Entity Name
DEVIL'S GARDEN TRUCKING, INC.

Principal Place of Business POST OFFICE BOX 84

FELDA FL 33930



## FILED Feb 06, 2003 8:00 am Secretary of State

02-06-2003 90049 013 \*\*\*150.00

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Principal Pla	ice of Business		3. Mailing Address				_		OUANOSO		
Suite, Apt. #, etc.		Suite, Ap	Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES  A FEL Number of COCTOO A  Applied For				
City & State		City & Sta	City & State			4. FEI Number 65-0995704			<del></del>	Applicable	
City & State						<del></del>			\$8.75 Addit		
Zip	Country	Zip	Zip		Country		5. Certificate of Status Desired		ee Required	e Required	
	6. Name and Address of Curre	nt Registered Ag	jent				ame and Address of New Rec	istered A	gent		
A CONTRACT OF THE PROPERTY OF					Name						
BONE, C. E PERRY ROA						Street Address (P.O. Box Number is Not Acceptable)					
FELDA FL 3											
				-	City			FL	Zip Code		
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	named entity submits this statemen	the the number	of changing its r	renistere	d office or reals	stered age	ent, or both, in the State of Flori	da. lami	amiliar with, a	and accept	
. The above	named entity submits this statemen ons of registered agent.	t for the purpose	Of Changing its	cgiotoro							
" j'.											
SIGNATURE -	Signature, typed or printed name of registered ag	ent and title it applicable	e. (NOTE	: Registered	Agent signature requ	ired when re	instating)	DATE			
	LE NOW!!! FEE IS \$150.00						9. Election Campaign Fina	ncing		<b>0</b> May Be	
Δfter	May 1, 2003 Fee will be \$550.0	00				'	Trust Fund Contribution		_ Added	to Fees	
Make Check	Payable to Florida Departmen					AD	L DITIONS/CHANGES TO OFFIC	CERS AND	DIRECTORS	S IN 11	
10.		ND DIRECTORS		11.			Difficitor of integer to the		☐ Change	Addition	
431LL	PD BONE, C. EARL		☐ Delete	NAME							
TAT THE	POST OFFICE BOX 84				ET ADDRESS						
	FELDA FL 33930			CITY-	-ST-ZIP	-					
	VSTD		Delete	TITLE	:			•	Change	Addition	
TITLE NAME	CAMPOS, EDUARDO			NAM	E						
STREET ADDRESS	POST OFFICE BOX 84				ET ADDRESS						
	FELDA FL 33930			CITY	-ST-ZIP	<del></del> _			☐ Change	Addition	
TITLE	D		☐ Delete	TITLE					Change		
NAME	BONE, SYLVIA		للفالي رياسياء	NAM		~ <b></b> . ≼ .	ودائل فيعطيني والولوي				
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CITY-ST-ZIP	FELDA FL 33930			TITL	_ <del></del>	<del></del>			☐ Change	Addition	
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TITLE			☐ Delete	TITI	l l				☐ Change	☐ Addition	
NAME				NAJ	I						
STREET ADDRESS	s				REET ADDRESS	,					
CITY-ST-ZIP					Y-ST-ZIP	1- Oc1	n 119.07(3)(i), Florida Statutes.	L further o	ertify that the	information	
		L SEALS Allegand	and not availfulful	or the ex	emption stated	in Section	n 119.0/(3)(i), Florida Statutes.	LIGHTION C	citity trick tric		

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/4/03 239-657-3644