

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 18, 2001 8:00 am**  
**Secretary of State**

04-18-2001 90032 036 \*\*\*150.00

**DOCUMENT # P00000022036**  
**1. Entity Name**  
**DIVERSIFIED TRUCKERS OF THE UNITED STATES, INC.**

<b>Principal Place of Business</b> 120 EAST PINE STREET SUITE 11 LAKELAND FL 33801	<b>Mailing Address</b> 120 EAST PINE STREET SUITE 11 LAKELAND FL 33801
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<b>2. Principal Place of Business</b>	<b>3. Mailing Address</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State

Zip	Country	Zip	Country
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<b>4. FEI Number</b> 59-3638846	Applied For <input type="checkbox"/> Not Applicable
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>



DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**  
**HOLLIDAY, CLYDE J III**  
**120 EAST PINE STREET**  
**SUITE 11**  
**LAKELAND FL 33801**

**7. Name and Address of New Registered Agent**  
 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**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 \$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**

TITLE	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>HOLLIDAY, CLYDE J IV</b>
STREET ADDRESS	<b>1229 PHEASANT RUN DRIVE</b>
CITY-ST-ZIP	<b>TALLAHASSEE FL 32312</b>
TITLE	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>HOLLIDAY, CLYDE J III</b>
STREET ADDRESS	<b>653 HUNTER RUN BOULEVARD</b>
CITY-ST-ZIP	<b>LAKELAND FL 33809</b>

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	<i>Address Change</i> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<i>2339 Meath Drive</i>
STREET ADDRESS	<i>Tallahassee, Fl 32308</i>
CITY-ST-ZIP	

**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:** *Clyde J. Holliday III* **Clyde J. Holliday III** **4/13/01** **863-687-2940**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)