

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 11, 2001 8:00 am**  
**Secretary of State**

04-11-2001 90102 022 \*\*\*150.00

**DOCUMENT # P00000024060**

1. Entity Name  
**DUVALL TRUCKING, INC.**

Principal Place of Business      Mailing Address  
**514 SW 2ND AVENUE**      **514 SW 2ND AVENUE**  
**OCALA FL 34474**      **OCALA FL 34474**

00004060



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business      3. Mailing Address  
**2067 NE 44 St.**      **2067 NE**

Suite, Apt. #, etc.      Suite, Apt. #, etc.  
**Ocala, Fl. 34479**      **Ocala, Fl.**

City & State      City & State  
**Ocala, Fl. 34479**      **Ocala, Fl.**

4. FEI Number      Applied For  
**58-2529815**       Not Applicable

Zip      Country      Zip      Country  
**34479**      **U.S.**      **34479**      **U.S.**

5. Certificate of Status Desired       **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent  
**DUVALL, JERRY**  
**514 SW 2ND AVENUE**  
**OCALA FL 34474**

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 Jerry Duvall Reg. Agent      Jerry Duvall      4-5-01  
Signature, typed or printed name of registered agent and date if applicable. (NOT 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 \$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 NAME STREET ADDRESS CITY-ST-ZIP	<b>PD DUVALL, JERRY 514 SW 2ND AVENUE OCALA FL 34474</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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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
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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: Jerry Duvall      Jerry Duvall Reg Agent      4-5-01      352-620-2645  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

CRE034 (10/00)