

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P00000037691

1. Entity Name

D.E.C. TRUCKING ENTERPRISES, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

347 SOUTH ORANGE AVE.

Suite, Apt. #, etc.

3. Mailing Address

347 SOUTH ORANGE AVE.

Suite, Apt. #, etc.

City & State

ARCADIA, FLORIDA 34266

City & State

347 SOUTH ORANGE AVE.

Zip

34266

Country

DESOTO

Zip

34266

Country

DESOTO

4. FEI Number

59-3638723

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name

ROOSEVELT S. ISAAC, SR.

Street Address (P.O. Box Number is Not Acceptable)

347 SOUTH ORANGE

City

ARCADIA

FL

Zip Code

34266

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IN THIS SPACE**

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

Roosevelt S. Isaac, Sr.

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

(NOTE: Registered Agent signature required when reinstating)

7-1-04

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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

PRESIDENT

DON E. COFFELL

P.O. BOX 922

LAKE HAMILTON, FL. 33851

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

100040375851
08/20/04-01085-006 **75.00

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

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08/20/04-01085-006 **150.00

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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Don E. Coffell

PRES.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)

Dear Sir:

This is that we did not
recieve a first or second
notice at our mailing address
for the Annual report, so would
you please waive the late fee.

Sincerely,

Don E Coffell