2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 26, 2001 08:00 AM
Secretary of State

DOCUMENT # **P00000060752**

1. Entity Name
TRIPLE R HAULING, INC.

Principal Place of Business	Mailing Address
8407 RUCKMAN AVENUE	8407 RUCKMAN AVENUE
JACKSONVILLE FL	JACKSONVILLE FL
32221	32221

2. Principal Place of Business	3. Mailing Address
	2015 LEM TURNER ROAD
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State: CALLAHAN FL
Zip / Country	Zip: 32011 / Country

DO NOT WRITE IN THIS SPACE

4. FEI Number: 59-3654133 — ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

FRAN'S TAX SERVICE, INC.
2015 LEM TURNER ROAD
CALLAHAN FL
32011 US

7. Name and Address of New Registered Agent

Name: FRANS TAX SERVICE INC
Street Address (P.O. Box Number is Not Acceptable): 2015 LEM TURNER ROAD
City: CALLAHAN FL Zip Code: 32011

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 FRANCES M. CAUDLE — 03/26/2001
Signature, typed or printed name of registered agent and title if applicable. (NOTE: 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

Field	Value
TITLE	D
NAME	REYNOLDS FREDDIE
STREET ADDRESS	8407 RUCKMAN AVENUE
CITY-ST-ZIP	JACKSONVILLE FL 32221

☐ Delete (×6); remaining officer entries blank.

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP — ☐ Change ☐ Addition (×6, all blank)

CR2E034 (11/00)

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: FREDDIE REYNOLDS PRES 03/26/2001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #