

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Jun 12, 2001 8:00 an
Secretary of State

06-12-2001 90001 032 ***550.00

DOCUMENT # P00000070650

1. Entity Name

HICKEY & HICKEY TRUCKING, INC.

Principal Place of Business

2375 CENTERVILLE RD
TALLAHASSEE FL 32308

Mailing Address

2375 CENTERVILLE RD
TALLAHASSEE FL 32308

2. Principal Place of Business

25 Gray Road

Suite, Apt. #, etc.

3. Mailing Address

25 Gray Road

Suite, Apt. #, etc.

City & State

Quincy FL

City & State

Quincy, FL

4. FEI Number

59-3661449

☒ Applied F

☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GLOVER, RICHARD A
2375 CENTERVILLE RD
TALLAHASSEE FL 32308

MARGIE Hickey
25 Gray Road
Quincy, FL 32351

7. Name and Address of New Registered Agent

Name MARGIE Hickey

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

25 Gray Road

City

Quincy

FL

Zip Code

32351

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

Margie Hickey

(NOTE: Registered Agent signature required when reinstating)

DATE

6-7-01

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
Added to Fee

11. OFFICERS AND DIRECTORS

TITLE D
NAME HICKEY, MARGIE P
STREET ADDRESS 25 GRAY RD
CITY-ST-ZIP QUINCY FL 32351 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Add

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Add

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CITY-ST-ZIP ☐ Change ☐ Add

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

SIGNATURE:

Margie P. Hickey

Margie P. Hickey

Date

Daytime Phone #

6-7-01 850-875-47