

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 11, 2001 8:00 am**
Secretary of State

04-11-2001 90120 023 ***150.00

0351069

DOCUMENT # P00000088997

1. Entity Name

HYNICK TRANSPORTATION INC.

Principal Place of Business

**2409 N ORIENT RD
TAMPA FL 33619**

Mailing Address

**2409 N ORIENT RD
TAMPA FL 33619**

2. Principal Place of Business

3. Mailing Address

1617 S. DOVER RD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

DOVER FL

Zip

Country

33527

Country

USA

4. FEI Number

59-3673014

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

**HYNICK, ANDREW
2409 N ORIENT RD
TAMPA FL 33619**

7. Name and Address of New Registered Agent

Name

HYNICK, ANDREW

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

1617 S. DOVER RD

City

DOVER**FL**

Zip Code

33527

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

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

| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | <input type="checkbox"/> Delete |
|-------|------|----------------|-------------|---------------------------------|
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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | <input type="checkbox"/> Change | <input checked="" type="checkbox"/> Addition |
|-------|--------------------------|-------------------------|-----------------------|---------------------------------|--|
| | P/S/T | | | | |
| | HYNICK, ANDREW | 1617 S. DOVER RD | DOVER FL 33527 | | |
| | VP | | | | |
| | HYNICK, SANDRA L. | 1617 S. DOVER RD | DOVER FL 33527 | | |
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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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Sandra L. Hynick
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**April 9, 2001**
Date

Daytime Phone #

CR2E034 (10/00)