

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 05, 2001 8:00 am
Secretary of State

06-05-2001 90031 021 ***158.75

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DO NOT WRITE IN THIS SPACE

DOCUMENT # P00000161679									
1. Entity Name D E T Transportation Inc. 3824 SR 33 (S) Clemons 71 34711									
Principal Place of Business 3824 SR 33 South Clemons 71 34711		Mailing Address P.O. Box 674 Groveland 71 34786							
2. Principal Place of Business 3824 SR. 33 South Suite, Apt. # etc.		3. Mailing Address P.O. Box 674 Suite, Apt. #, etc.							
City & State. Clemons 71		City & State Groveland 71							
Zip 34711		Country Lake							
4. FEI Number 59-3681427		Applied For <input type="checkbox"/> Not Applicable							
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required									
6. Name and Address of Current Registered Agent DEBRA JENKINS 3824 SR. 33 South Clemons 71 34711		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 _____ (NOTE: 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) <input checked="" type="checkbox"/>		FILE NOW!! After MAY 1, 2001 Make Check Payable to Department of State							
10. Election Campaign Financing Trust Fund Contribution: <input type="checkbox"/> \$5.00 May Be Added to Fees		11. OFFICERS AND DIRECTORS							
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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 I am an officer or director of the corporation or the receiver or trustee empowered to execute this report 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

5-28-01