2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 31, 2001 8:00 am
Secretary of State
07-17-2001 90002 014 ***150.00

DOCUMENT # P00000101782

1. Entity Name
MICHAEL T ELMORE TRUCKING, INC.

Principal Place of Business	Mailing Address
PO BOX 781 PALM CITY FL 34991	PO BOX 781 PALM CITY FL 34991

Same

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
7465 SW 39 St.		P.O. Box 781	
Suite, Apt. #, etc. Palm City		Suite, Apt. #, etc. Palm City Fl.	
City & State Palm City Fl.		City & State	
Zip 34991	Country Martin	Zip 34991	Country Martin

4. FEI Number 65-0747678 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
ELMORE, MICHAEL T 7465 SW 39TH STREET PALM CITY FL 34990	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 Michael Elmore
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 $550.00
After September 12, 2001 Fee will be $750.00
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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ELMORE, MICHAEL T PO BOX 781 PALM CITY FL 34991	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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: SIGNATURE REQUIRED Michael Elmore — July 10 2001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (5/01)

Attachment 1099-A #P000010178Z

Per my conversation with a supervisor, I am to send you written notice, that I did not receive your first notice and upon receiving the second I forwarded my paper work to you immediately. I am a very small Dump Truck Business and I can not affors this kind of penalty. Please abate this penalty so I can remain a small Business Corporation.

Respectfully submit,

Michael Elmore