

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jan 24, 2005 8:00 am
Secretary of State

01-24-2005 90032 034 ***150.00

DOCUMENT # P00000102878
1. Entity Name
Popee's Trucking, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
8249 NORMAN RD.
Suite, Apt. #, etc.

3. Mailing Address
P.O. BOX 568
Suite, Apt. #, etc.

40004445

DO NOT WRITE IN THIS SPACE

City & State
LAKE GENEVA FL
Zip
33160 Country
USA

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Zip
33160 Country
USA

4. FEI Number
59-3680012 Applied For
Not Applicable

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

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
SPIEGEL + UTREDA, P.A.
Street Address (P.O. Box Number is Not Acceptable)

343 AMERICA AVE.
City
COVINGTON FL Zip Code
33134

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☒
(See criteria on back)

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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	<u>OWNER</u> <u>HAZEN E. BRUCE</u> <u>8249 NORMAN RD. BOX 568</u> <u>LAKE GENEVA, FL 33160</u>
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IN THIS SPACE**

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

SIGNATURE: Hazen E Bruce Owner 1-20-05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/01)