**FILED** 

## 2002 UNIFORM BUSINESS REPORT (UBR)

## Apr 29, 2002 8:00 am Secretary of State DOCUMENT # P01000018335 1. Entity Name 04-29-2002 90034 014 \*\*\*150 00 H & L TRANSPORTATION, INC. Principal Place of Business Mailing Address 11411 TUCKER ROAD 11411 TUCKER ROAD RIVERVIEW FL 33569 RIVERVIEW FL 33569 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 4. FEI Number City & State City & State Applied For 59-3699643 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Speller, Hubert o Jr Street Address (P.O. Box Number is Not Acceptable) 11411 TUCKER ROAD RIVERVIEW FL 33569 City 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** 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 FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tay filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (Sée criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 11. 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE ☐ Change ☐ Addition SPELLER, HUBERT O JR NAME NAME 11411 TUCKER ROAD STREET ADDRESS STREET ADDRESS RIVERVIEW FL 33569 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE= Delete: Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delète TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

13. I hereby certify that the information supplied with this filling 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

SIGNATURE: