

# 2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P01000035346

1. Entity Name  
U-2 TRUCKING INC.



Principal Place of Business  
6815 6TH STREET W  
BRADENTON, FL 34207

Mailing Address  
6815 6TH STREET W  
BRADENTON, FL 34207

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

11012005

REIN-P

CR2E098 (6/04)

4. FEI Number  
65-1084181

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

THIFALT, TIMOTHY A  
6815 6TH STREET W  
BRADENTON, FL 34207

Name  
*Diane K. Thifault*  
Street Address (P.O. Box Number is Not Acceptable)  
*6815 6th St. W.*  
City  
*Bradenton* FL Zip Code  
*34207*

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Diane K. Thifault* Sec. DIANE K. THIFALT  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

1-4-06  
DATE

FILE NOW!!! FEE IS \$750.00  
After January 1, 2006, Fee will be \$900.00

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
THIFALT, TIMOTHY A  
6815 6TH STREET W  
BRADENTON, FL 34207 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition  
100063006191  
01/06/06--01047--013 \*\*\$800.00

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
THIFALT, DIANE K  
6815 6TH STREET W  
BRADENTON, FL 34207 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition  
*B 08/11/06*

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition  
**REINSTATEMENT**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Diane K. Thifault* Sec. DIANE K. THIFALT (941)  
Signature and typed or printed name of signing officer or director. Date Daytime Phone #  
1-4-06 737-2491