

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

FILED
Jul 28, 2004 8:00 am
Secretary of State

07-28-2004 90019 029 ***550.00

DOCUMENT # PD1000065016

1. Entity Name

M.C. H. Trucking Inc.



DO NOT WRITE IN THIS SPACE

54065322

2. Principal Place of Business

1153 North Tree Way

3. Mailing Address

1153 North Tree Way

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Lake Worth Florida

City & State

Lake Worth Florida

4. FEI Number

65-1120164

Applied For

Not Applicable

Zip

33467

Country

U.S.A.

Zip

33467

Country

U.S.A.

5. Certificate of Status Desired

☒

\$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P.
Horace G. McIntosh, Jr.
697 Willoughby Circle
Lake Worth, FL 33463

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
T.
Sophia L. McIntosh, Jr.
697 Willoughby Circle
Lake Worth, FL 33463

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
S.
Beverly R. McIntosh
1153 North Tree Way
Lake Worth, FL 33467

TITLE
NAME
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CITY-ST-ZIP

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IN THIS SPACE**

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 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 #

CR2E034B (12/02)