


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

FILED
Apr 14, 2003 8:00 am
Secretary of State

04-14-2003 90939 050 ***150.00

DOCUMENT # P01000072696
1. Entity Name
DILLINGHAM TRUCKING, INC.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
2709 FOX TRAIL COURT
Suite, Apt. #, etc.

3. Mailing Address
2709 FOX TRAIL COURT
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
COCOA, FL.

City & State
COCOA, FL.

4. FEI Number 59-3737441
Applied For
Not Applicable

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

Zip 32926 Country U.S.A. Zip 32926 Country U.S.A.

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name DILLINGHAM, ALYCE L.

Street Address (P.O. Box Number is Not Acceptable)
2709 FOX TRAIL COURT

City COCOA FL Zip Code 32926

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 *Alyce L. Dillingham* ALYCE L. DILLINGHAM, PRESIDENT 1-27-03
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	P/D	TITLE	
NAME	Dillingham, Alyce L.	NAME	
STREET ADDRESS	2709 Fox Trail Court	STREET ADDRESS	
CITY-ST-ZIP	Cocoa, Fl. 32926	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
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STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

**DO NOT WRITE
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: *Alyce Dillingham* Alyce Dillingham 1-27-03 321-636-2211
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/02)