

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

FILED
May 13, 2002 8:00 am
Secretary of State

05-13-2002 90165 042 ***150.00

DOCUMENT # P010000110260

1. Entity Name

A.H.L. Trucking INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

5645 State Rd. 80 W

3. Mailing Address

5645 State Rd. 80 W

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Alva, FL

City & State

Alva, FL

4. FEI Number

105-1138957

Applied For

Not Applicable

Zip

33920

Country

USA

Zip

33920

Country

USA

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

Willie Capo

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

5645 State Rd 80W

City

Alva

FL

Zip Code

33920

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

Willie Capo

Willie Capo

4/24/02

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
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

P

Sandra L. Capo

5645 State Rd 80W

Alva, FL 33920

✓

Willie Capo

5645 State Rd 80W

Alva, FL 33920

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

**DO NOT WRITE
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)(f), 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:

Sandra Lee Capo Sandra Lee Capo

Date

4/24/02

Daytime Phone #

863-675-3504

CR2E034B (12/01)