

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

FILED
May 27, 2002 8:00 am
Secretary of State

05-27-2002 90436 015 ***150.00

DOCUMENT # P01000119478

1. Entity Name

Haul & All, Inc. ✓

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1449 Collins Rd.
Suite, Apt. #, etc.

3. Mailing Address

1449 Collins Rd.
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Fort Myers, FL

City & State

Fort Myers, FL

4. FEI Number

01-0554460

Applied For

Not Applicable

Zip

33919

Country

Zip

33919

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

William T. Keene

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

1449 Collins Rd.

City

Fort Myers

FL

Zip Code

33919

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

William T. Keene

William T. Keene, Pres. 4/30/02

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 \$81.25

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: Pres.
NAME: William T. Keene
STREET ADDRESS: 1449 Collins Rd.
CITY- ST- ZIP: Fort Myers, FL 33919

TITLE: Vice-President
NAME: William C. ENS
STREET ADDRESS: 720 Burdick St.
CITY- ST- ZIP: Fort Myers, FL 33905

TITLE:
NAME:
STREET ADDRESS:
CITY- ST- ZIP:

TITLE:
NAME:
STREET ADDRESS:
CITY- ST- ZIP:

TITLE:
NAME:
STREET ADDRESS:
CITY- ST- ZIP:

TITLE:
NAME:
STREET ADDRESS:
CITY- ST- ZIP:

TITLE:
NAME:
STREET ADDRESS:
CITY- ST- ZIP:

TITLE:
NAME:
STREET ADDRESS:
CITY- ST- ZIP:

TITLE:
NAME:
STREET ADDRESS:
CITY- ST- ZIP:

TITLE:
NAME:
STREET ADDRESS:
CITY- ST- ZIP:

TITLE:
NAME:
STREET ADDRESS:
CITY- ST- ZIP:

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)(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 on an attachment with an address, with all other like empowered.

SIGNATURE: William T. Keene, William T. Keene, President 4/30/02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Signature Phone #

239-939-0524