## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

## FILED Feb 14, 2003 8:00 am Secretary of State

1/2

DOCUMENT # P02000023440  1. Entity Name DEWEY HILL TRUCKING, INC.					01-2	7-2003 9033	37 UZI **	130.00	
Principal Place of Business 4528 WILDERNESS ROAD VERNON FL 32462		Mailing Address 4528 WILDERNESS ROAD VERNON FL 32462							
2. Principal Pla	ace of Business	3. Mailing Address			T 1881/1990 FIT ABUSER HATTE ABUS	i ABîtil Abili Pêdiê dil	## :!!!! #### P!	111 BEH 1681	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			☐ CHECK HERE IF MAKING CHANGES				
City & State		City & State		4. FEI Number @3-0	39532	$\smile$	plied For t Applicable		
Zip Country		Zip	Country		5. Certificate of Status Desire		8.75 Add		
	6. Name and Address of Curren	t Registered Agent	1_		7. Name and Address of Ne	w Registered A	gent		1
	5. Name and Address of Culter	t registered register		-Name					
HILL, DEWEY 4528 WILDERNESS ROAD				Street Address (P.O. Box Number is Not Acceptable)					
VERNON F									
12,410111				City	•	FL	Zip Cod	9	1
	named entity submits this statement	for the second of changing it	te register	ad office or register	red agent, or both, in the State of	f Florida. I am t	amiliar with,	and accept	1
8. The above the obligati	named entity submits this statement ions of registered agent.	ior the purpose of changing it	is register	ad Office of regions.					
SIGNATURE.	Signature, typed or printed name of registered ages	nt and title if applicable. (NO	OTE: Registere	d Agent signature required	d when reinstating)	OATE			
FILE NOW!!! FEE IS \$150.00  After May 1, 2003 Fee will be \$550.00  Make Check Payable to Florida Department of State					9. Election Campaig Trust Fund Contrib			O May Be I to Fees	
10.		D DIRECTORS	11.		ADDITIONS/CHANGES TO	OFFICERS AND	DIRECTOR		] _
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	HILL, DEWEY		NAM						15
STREET ADDRESS CITY-ST-ZIP	4528 WILDERNESS ROAD VERNON FL 32462			EET ADDRESS - ST- ZIP				T ALCOHOL:	CR2E034 (10/02)
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12. I hereby	certify that the information supplied v	with this filing does not qualify	tor the exi	emption stated in S sture shall have the	ection 119.07(3)(1), Florida Statt same legal effect as if made ur	nder oath; that I	am an office	or director	

indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as it made of but 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: