

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 16, 2003 8:00 am**  
**Secretary of State**

01-16-2003 90063 026 \*\*\*155.00

**DOCUMENT #** P02000033529

**1. Entity Name**  
E & D TRUCKING, INC.



**Principal Place of Business**  
4970 SW 133RD AVE  
MIRAMAR FL 33027

**Mailing Address**  
4970 SW 133RD AVE  
MIRAMAR FL 33027

**2. Principal Place of Business**

**3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

**4. FEI Number**

75-3020125

Applied For

Not Applicable

**5. Certificate of Status Desired**



**\$8.75** Additional  
Fee Required

☐ CHECK HERE IF MAKING CHANGES



**6. Name and Address of Current Registered Agent**

BURROWS, EARL  
4970 SW 133RD AVE  
MIRAMAR FL 33027

**7. Name and Address of New Registered Agent**

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

City

FL

Zip Code

**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

**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 Campaign Financing**  
Trust Fund Contribution.



**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

**TITLE** PCEO  
**NAME** BURROWS, EARL  
**STREET ADDRESS** 4970 SW 133RD AVE  
**CITY-ST-ZIP** MIRAMAR FL 33027 ☐ Delete

**TITLE** V  
**NAME** MARTIN, ORETTE  
**STREET ADDRESS** 15245 SW 112TH PL  
**CITY-ST-ZIP** MIAMI FL 33157 ☒ Delete

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP** ☐ Delete

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP** ☐ Delete

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP** ☐ Delete

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP** ☐ Delete

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP** ☐ Change ☐ Addition

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP** ☐ Change ☐ Addition

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP** ☐ Change ☐ Addition

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**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP** ☐ Change ☐ Addition

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP** ☐ Change ☐ Addition

**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 Block 11 if changed, or on an attachment with an address, and all other like empowered.**

**SIGNATURE:**

**SIGNATURE** *EARL BURROWS*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/12/03

Date

305-816-7602

Daytime Phone #

CR2E034 (10/02)