

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 OCT 21 PM 2:52

DOCUMENT # P02000051093

1. Entity Name

DEON'S TRUCKING, INC.



DO NOT WRITE IN THIS SPACE

000023978420
10/21/03--01090--021 **\$150.00

REINSTATEMENT 03

2. Principal Place of Business
1515 DIVISION AVE

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
GOTHA FL

City & State

4. FEI Number 74-3042906

Applied For
Not Applicable

Zip
34734

Country
USA

Zip

Country

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 DEONARINE PERSAUD

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

1515 DIVISION AVE

City GOTHA

FL

Zip Code
34734

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 state 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
NAME
STREET ADDRESS
CITY-ST-ZIP

DEONARINE PERSAUD PD
1515 DIVISION AVE
GOTHA FL 34734

TITLE
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CITY-ST-ZIP

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DEONARINE PERSAUD

10/9/03

407-383-6125

Date

Daytime Phone #

CR2E034B (12/02)

1/2

10/24 ad

212

October 9, 2003

Florida Department of State
Division of Corporations
P.O. Box 1500
Tallahassee, FL 32302-1500

Dear Sir/Madam:

Re: DEON'S TRUCKING, INC.
Document#: P02000051093

This is to advise that we did not receive our 2003 Uniform Business Report in the mail. Unfortunately, as a result, filing of the report was overlooked. We therefore, now enclose the UBR for the year 2003 along with the filing fee of \$150.00.

We apologize for this error and request the abatement of any associated penalties. Your consideration is appreciated.

Sincerely,



Deonarine Persaud
President