

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000103845

1. Entity Name  
E&B HARVESTING & TRUCKING, INC.



Principal Place of Business  
121 REDBIRD LN  
NAPLES FL 34142

Mailing Address  
P.O. BOX 42  
IMMOKALEE FL 34143

2. Principal Place of Business  
2181 REDBIRD LANE  
Suite, Apt. #, etc.

3. Mailing Address  
2181 REDBIRD LANE  
Suite, Apt. #, etc.

City & State  
NAPLES FL  
Zip 34142 Country USA

City & State  
NAPLES, FL  
Zip 34142 Country USA

4. FEI Number 36-4514670  
Applied For Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

## 6. Name and Address of Current Registered Agent

CUELLO, ABEL JR  
121 REDBIRD LN  
NAPLES FL 34142

## 7. Name and Address of New Registered Agent

Name YOLANDA COELLO  
Street Address (P.O. Box Number is Not Acceptable)  
2181 REDBIRD LANE  
City NAPLES FL Zip 34142

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 *Yolanda Coello* DATE 3-24-03  
(NOTE: Registered Agent signature required when reinstating)

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 D  
NAME CUELLO, ABEL JR  
STREET ADDRESS 121 REDBIRD LN  
CITY-ST-ZIP NAPLES FL 34142 ☐ 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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE T  
NAME  
STREET ADDRESS 2181 REDBIRD LANE  
CITY-ST-ZIP ☒ Change ☐ Addition

TITLE P.S.  
NAME YOLANDA COELLO  
STREET ADDRESS 2181 REDBIRD LANE  
CITY-ST-ZIP NAPLES, FL 34142 ☐ Change ☒ Addition

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

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, with all other like empowered.

SIGNATURE: *Yolanda Coello*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE 3-24-03  
Daytime Phone #

CR2E034 (10/02)

FILED  
Mar 28, 2003 8:00 am  
Secretary of State

03-28-2003 90085 013 \*\*\*150.00



☐ CHECK HERE IF MAKING CHANGES