

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 18, 2003 8:00 am
Secretary of State
08-18-2003 90163 030 ***550.00

DOCUMENT # P0200011195

1. Entity Name
ECONOMY TRUCKING, INC.



Principal Place of Business
111 SW 2~~AVE~~ Street
HOMESTEAD FL 33179

Mailing Address
111 SW 2~~AVE~~ Street
HOMESTEAD FL 33179

2. Principal Place of Business
111 SW 2 Street
Suite, Apt. #, etc.

3. Mailing Address
111 SW 2 Street
Suite, Apt. #, etc.

City & State

City & State

4. FEI Number
06-1651972

Applied For
Not Applicable

Zip
33030

Country

Zip
33030

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

TICE, JAMES E
16220 SW 280 ST
HOMESTEAD FL 33031

Name

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 \$550.00
After September 10, 2003 Fee will be \$750.00
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD
NAME TICE, JAMES E
STREET ADDRESS 16220 SW 280 ST
CITY-ST-ZIP HOMESTEAD FL 33031 ☒ Delete

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

TITLE SD
NAME VANDERFORD, MELISSA
STREET ADDRESS 111 SW 2 AVE
CITY-ST-ZIP HOMESTEAD FL 33179 ☐ Delete

TITLE
NAME
STREET ADDRESS 111 SW 2 Street
CITY-ST-ZIP Homestead, FL 33030 ☒ Change ☐ Addition

TITLE DD
NAME VANDERFORD, SANDRA
STREET ADDRESS 111 SW 2 AVE
CITY-ST-ZIP HOMESTEAD FL 33179 ☐ Delete

TITLE PD
NAME
STREET ADDRESS 111 SW 2 Street
CITY-ST-ZIP Homestead, FL 33030 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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: Sandra Vanderford **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/10/2003 305-246-0786
Date Daytime Phone #

CR2E034 (4/03)