2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # **P93000016337** Jan 31, 2000 8:00 am D & H TRUCKING OF ORLANDO, INC. **Secretary of State** 01-31-2000 90088 004 ***150.00 Mailing Address Principal Place of Business 8474-5 RINNACLE OROSS DR 8474-5 PINNACLE CROSS DR HUNTERSVILLE NC 28078 HUNTERSYILLS NC 28078 DH--000 280782021 1C99 14 01/13/00 NOTIFY SENDER OF NEW ADDRESS D & H TRUCKING OF ORLANDO 4266 MILLET ST #SW DO NOT WRITE IN THIS SPACE CONCORD NC 28027-8714 4. FEI Number Applied For 59-3166616 الباطيان البارية المساسلين المساطين والمساطين المساطين Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name DARLING, DEBORAH S Street Address (P.O. Box Number is Not Acceptable) 2206 OKADA CT ORLANDO FL 32818 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. 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 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 Change ☐ Addition TITLE ☐ Delete TITLE DARLING, HENRY Q NAME NAME 4266 MILLET ST SW STREET ADDRESS 8474-5 PINNACLE CROSS DR STREET ADDRESS CITY-ST-ZIP **HUNTERSVILLE NC** CITY-ST-ZIP CONCORD, NC 28027-8714 Change ☐ Addition TITLE ☐ Delete DARLING, DEBORAH S 4266 MILLET ST SW STREET ADDRESS STREET ADDRESS 8474-5 PINNACLE CROSS DR CONCORD, NC 28027-8714 CITY-ST-ZIP CITY-ST-ZIP **HUNTERSVILLE NC** Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition

13. I hereby certify that the information supplied with this filling 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

TITI F NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

eborah S Darling VP/SEC

☐ Defete