2002 UNIFORM BUSINESS REPORT (UBR)

"杨俊女女母老女生" 化二十

DOCUMENT # P93000016337 1. Entity Name D & H TRUCKING OF ORLANDO, INC.					Secretary of State 02-21-2002 90168 034 ***150.00			
Principal Place of Business 4266 MILLET ST SW CONCORD NC 28027 US		Mailing Address 4266 MILLET ST SW CONCORD NC 28027 US						
2. Principal Place of Business 3. Mailing Address						I MEN BLIEB CIIA		
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE			
City & State		City & State		4. FEI	Number 59-3166616		oplied For of Applicable	
Zip	Country	Zip	Country	5. Cer	tificate of Status Desired	\$8.75 Add		
	6. Name and Address of Current R	egistered Agent		7. Nan	ne and Address of New Registered	Agent		
DARLING, DEBORAH S 2206 OKADA CT			Name Street Address	tress (P.O. Box Number is Not Acceptable)				
ORLANDO FL 32818			City	FL Zip Code				
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) Metalogistation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.		FILE NOW!!! FEE IS \$150.00 After May 1, 2002 Fee will be \$550.00 Make Check Payable to Department of State		tate	to. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees			
11.	OFFICERS AND D		12.	ADDIT	TONS/CHANGES TO OFFICERS AN	D DIRECTOR	S IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DARLING, HENRY A 4266 MILLET ST SW CONCORD NC 28027	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS DARLING, DEBORAH S 4266 MILLET: ST-SW CONCORD NC 28027	☐ Delete	TITLE NAME			☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	OGNOCIAD NO EGGE!	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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition	
indicated of the cor	certify that the information supplied with the on this report or supplemental report is treporation or the receiver or trustee empower, or on an attachment with an address, with	rue and accurate and that my rered to execute this report a	y signature shall have the	e same lega	al effect as if made under oath; that I	am an officer	or director	