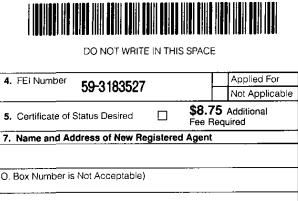
2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000035210

POWELL TRUCKING, INC. Principal Place of Business Mailing Address PO BOX 24532 1009 51ST STREET SOUTH TAMPA FL 33623-4532 **IAMPA FL 33619** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State

FILED Mar 14, 2000 8:00 am Secretary of State

03-14-2000 90027 037 ***150.00



on, a oran		<u></u>			59-3183527		Applicab
Zip	Country	Zip	Country	5. Certificate of Sta		\$8.75 Addi Fee Required	
	6. Name and Address of Current Re	gistered Agent	Name	7. Name and Addr	ess of New Registered A	lgent	
HALL, W C 4830 W KENNEDY BLVD SUITE 750 TAMPA FL 33609				s (P.O. Box Number is N	ot Acceptable)		
			City		FL	Zip Code	,
NATURE	named entity submits this statement for the		registered office or regis		he State of Florida.		
This corporation is eligible to satisfy its Intangible FILE NOW!!! F Tax filing requirement and elects to do so. (See criteria on back) Tax file NOW!!! F After MAY 1, 2000 F Make Check Payable to			!!! FEE IS \$150.00 00 Fee will be \$550.0	0 10. Election Trust Fur	Campaign Financing nd Contribution.	Added	May Be to Fees
	OFFICERS AND DII		12.	ADDITIONS/CHAI	NGES TO OFFICERS AND		
ET ADDRESS ST-ZIP	PSD POWELL, CLYDE W P O BOX 24532 N/A TAMPA FL 33623	☐ Deiete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	C Additi
ET ADORESS -ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ECRETARY INA M. Pow O. BOX 2453 MPA, FL. 336	veil 2 23-4532	☐ Change	⊠ Additi
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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.