

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 10, 2000 8:00 am
Secretary of State

03-10-2000 90031 028 ***150.00

DOCUMENT # P93000068223

1. Entity Name
ARENDS TRUCKING COMPANY, INCORPORATED

| | |
|---|--|
| Principal Place of Business 8727 ROSEANNE BLVD NEW PORT RICHEY FL 34654 US | Mailing Address 8727 ROSEANNE BLVD NEW PORT RICHEY FL 34654-5048 US |
|---|--|

| | |
|--|--|
| 2. Principal Place of Business 8811 ROSEANNE BLVD Suite, Apt. #, etc. | 3. Mailing Address 8811 ROSEANNE BLVD Suite, Apt. #, etc. |
|--|--|

| | |
|--|--|
| City & State NEW PORT RICHEY, FL | City & State NEW PORT RICHEY, FL |
| Zip 34654 | Country PASCO |

| | |
|--|--|
| 4. FEI Number 59-3204837 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

6. Name and Address of Current Registered Agent
ARENDS, DANIEL
8745 ROSEANNE BLVD - Address changed →
NEW PORT RICHEY FL 34654
 TO

7. Name and Address of New Registered Agent
 Name **DANIEL ARENDS**
 Street Address (P.O. Box Number is Not Acceptable)
8811 ROSEANNE BLVD
 City **NEW PORT RICHEY FL** Zip Code **34654**

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 **MICHELE ARENDS** *Michele Arends* **3/3/00**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

| 11. OFFICERS AND DIRECTORS | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD ARENDS, DANIEL 8745 ROSEANNE BLVD NEW PORT RICHEY FL 34654 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD ARENDS, THOMAS 8745 ROSEANNE BLVD NEW PORT RICHEY FL 34654 <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | STD ARENDS, MICHAELNE 8745 ROSEANNE BLVD NEW PORT RICHEY FL 34654 <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |

| 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|---|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VICE PRESIDENT MICHELE ARENDS 8811 ROSEANNE BLVD N.P.R., FL. 34654 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Michele Arends** *Michele Arends* **3/3/00** **727 847-6991**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)