

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000068223

1. Entity Name

ARENDS TRUCKING COMPANY, INCORPORATED

FILED

Mar 10, 2000 8:00 am
Secretary of State

03-10-2000 90031 028 ***150.00

Principal Place of Business

Mailing Address

8727 ROSEANNE BLVD
NEW PORT RICHEY FL 34654
US

8727 ROSEANNE BLVD
NEW PORT RICHEY FL 34654-5048
US

2. Principal Place of Business

8811 ROSEANNE BLVD

3. Mailing Address

8811 ROSEANNE BLVD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

NEW PORT RICHEY, FL

City & State

NEW PORT RICHEY, FL

4. FEI Number

59-3204837

Applied For

Not Applicable

Zip

34654

Country

PASCO

Zip

34654

Country

PASCO

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

ARENDS, DANIEL

8745 ROSEANNE BLVD - Address changed to
NEW PORT RICHEY FL 34654

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD
NAME ARENDS, DANIEL
STREET ADDRESS 8745 ROSEANNE BLVD
CITY-ST-ZIP NEW PORT RICHEY FL 34654 ☐ Delete

TITLE VICE PRESIDENT
NAME MICHELE ARENDS
STREET ADDRESS 8811 ROSEANNE BLVD
CITY-ST-ZIP N.P.R., FL. 34654 ☐ Change ☒ Addition

TITLE VD
NAME ARENDS, THOMAS
STREET ADDRESS 8745 ROSEANNE BLVD
CITY-ST-ZIP NEW PORT RICHEY FL 34654 ☒ Delete

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

TITLE STD
NAME ARENDS, MICHAELNE
STREET ADDRESS 8745 ROSEANNE BLVD
CITY-ST-ZIP NEW PORT RICHEY FL 34654 ☒ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)