

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000083586

1. Entity Name

CALOOSA HARVESTING AND HAULING, INC.

FILED
Apr 07, 2001 8:00 am
Secretary of State

04-07-2001 90013 033 ***150.00

Principal Place of Business

15400 OAKLAND AVE.
WINTER GARDEN FL 34777

Mailing Address

P.O. BOX 771066
WINTER GARDEN FL 34777

2. Principal Place of Business

3. Mailing Address

P.O. BOX 979

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

OAKLAND, FL

4. FEI Number

59-3219204

Applied For

Not Applicable

Zip

Country

Zip

34760-0979

Country

Orange

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

BOYD, MAURICE M
15400 OAKLAND AVE.
WINTER GARDEN FL 34777

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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

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, 2001 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	<input type="checkbox"/> Delete
NAME	BOYD, MAURICE M	
STREET ADDRESS	15400 OAKLAND AVE.	
CITY-ST-ZIP	WINTER GARDEN FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	WILLIS, TIMMY D	
STREET ADDRESS	525 W. 4TH AVE.	
CITY-ST-ZIP	LABELLE FL	
TITLE	STP	<input type="checkbox"/> Delete
NAME	GRETCHEN BOYD	
STREET ADDRESS	15400 OAKLAND AVE	
CITY-ST-ZIP	WINTER GARDEN FL	
TITLE		<input type="checkbox"/> Delete
NAME		
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STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)