

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000085497

1. Entity Name

M. C. BROWN TRUCKING INC.

FILED

Apr 17, 2000 8:00 am
Secretary of State

04-17-2000 90149 008 ***150.00

Principal Place of Business

Mailing Address

1301 CENTER ST.
OCOE FL 34761
US

1301 CENTER ST.
OCOE FL 34761-2465
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 59-3228491

Applied For

Not Applicable

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

BROWN, MERVIN

~~304 1ST STREET~~ 1301 Center St
OCOE FL 34761

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, 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 DP ☐ Delete
NAME BROWN, MERVIN
STREET ADDRESS ~~304 1ST ST~~
CITY-ST-ZIP OCOE FL

TITLE ☒ Change ☐ Addition
NAME ☒ Change
STREET ADDRESS 1301 Center St
CITY-ST-ZIP

TITLE SDT ☐ Delete
NAME BROWN, LINDA
STREET ADDRESS ~~304 1ST ST~~
CITY-ST-ZIP OCOE FL

TITLE ☒ Change ☐ Addition
NAME ☒ Change
STREET ADDRESS 1301 Center St
CITY-ST-ZIP

TITLE D ☐ Delete
NAME CROWE, CAROL
STREET ADDRESS 703 RIDGEFIELD
CITY-ST-ZIP OCOE FL

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

TITLE D ☐ Delete
NAME WITZLER, KAREN
STREET ADDRESS 1551 E GONZALEZ
CITY-ST-ZIP PENSACOLA FL 32501

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

TITLE D ☐ Delete
NAME DELANEY, CONNIE
STREET ADDRESS 304 FIRST ST.
CITY-ST-ZIP ~~PENSACOLA FL 32501~~

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

TITLE DV ☒ Delete
NAME BROWN, JIMMY E
STREET ADDRESS 103 SILVER CLUSTER CT. N.
CITY-ST-ZIP LONGWOOD FL 32750

TITLE ☐ Change ☒ Addition
NAME DV Martha Doty
STREET ADDRESS 12336 Scottish Pine Ln
CITY-ST-ZIP Clermont FL 34711

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

4/10/00

407-656-6936

Date

Daytime Phone #