

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000078517

1. Entity Name  
C. R. SPAULDING HEAVY HAUL, INC.

**FILED**  
**Jan 20, 2000 8:00 am**  
**Secretary of State**

01-20-2000 90177 041 \*\*\*150.00

Principal Place of Business  
95 S.E. SUPERIOR WAY  
STUART FL 34997

Mailing Address  
P.O. BOX 2319  
PALM CITY FL 34991-7319

2. Principal Place of Business  
4446 S.E. Nimrod Lane

3. Mailing Address  
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State  
STUART FL

City & State

4. FEI Number 65-0528831

Applied For  
Not Applicable

Zip  
34997

Country  
USA

Zip

Country

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

SPAULDING, CHARLES R  
95 S.E. SUPERIOR WAY  
STUART FL 34997

Name Same

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

4446 SE Nimrod Lane

City STUART FL

FL

Zip Code 34997

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 D  
NAME SPAULDING, CHALRES R  
STREET ADDRESS 95 S.E. SUPERIOR WAY  
CITY-ST-ZIP STUART FL 34997 ☐ Delete

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
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CITY-ST-ZIP

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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:

*C.R. Spaulding*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-12-00  
Date

561 220 4956  
Daytime Phone #

CR2EN34 (9/99)