

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 22, 2002 8:00 am
Secretary of State

04-22-2002 90124 029 ***158.75

DOCUMENT #

1. Entity Name

Two Cousins Trucking, Inc.

P940000815

DO NOT WRITE IN THIS SPACE

636172

2. Principal Place of Business

4411 Highway 92 E

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 2001

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Lakeland, FL

City & State

Auburndale, FL

4. FEI Number

59-3279779

Applied For

Not Applicable

Zip

33801

Country

USA

Zip

33823

Country

USA

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Guy, Dale

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

4411 Highway 92 E

City

Lakeland

FL

Zip Code

33801

**DO NOT WRITE
IN THIS SPACE**

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)



January 1 - May 1 Fee is \$150.00
After May 1 Fee is \$550.00
Amended UBR is \$61.25
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

P
Guy, Sheila
514 Somerset Drive
Auburndale, FL 33823

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

S
Guy, Dale
514 Somerset Drive
Auburndale, FL 33823

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

Auburndale, FL 33823

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**DO NOT WRITE
IN THIS SPACE**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Sheila Guy
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Sheila Guy

Date

Daytime Phone #

4/12/02 863.606.9538

CR2E034B (12/01)