

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000058437

1. Entity Name  
HENRY JR. TRUCKING INC.

**FILED**  
**May 02, 2000 8:00 am**  
**Secretary of State**  
05-02-2000 90013 022 \*\*\*150.00

Principal Place of Business Mailing Address  
HWY 92 E PO BOX 1833  
TAMPA FL 33610 RIVERVIEW FL 33568-1833



DO NOT WRITE IN THIS SPACE

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 59-3329293 Applied For Not Applicable  
5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
WHITLOCK JR., HENRY C  
9509 HWY 92 E  
TAMPA FL 33610

7. Name and Address of New Registered Agent  
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  
TITLE D  
NAME WHITLOCK, JR., HENRY C  
STREET ADDRESS 3261 BLOOMINGDALE VILLAS CT  
CITY-ST-ZIP BRANDON FL 33511  
TITLE TS  
NAME HALLOCK, TINA M  
STREET ADDRESS 3261 BLOOMINGDALE VILLAS CT  
CITY-ST-ZIP BRANDON FL 33511  
TITLE MD  
NAME WHITLOCK, KENNETH D.  
STREET ADDRESS 3261 BLOOMINGDALE VILLAS CT  
CITY-ST-ZIP BRANDON FL 33511  
TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  
TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
TITLE  
NAME  
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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: Tina M. Hallock REQUESTED TINA M. Hallock 4/24/00 813-681-6733  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)