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CR2E034 (9/01

## **2002 UNIFORM BUSINESS REPORT (UBR)**

## Feb 26, 2002 8:00 am P95000058437 Secretary of State DOCUMENT # 1. Entity Name 02-26-2002 90144 048 \*\*\*150.00 HENRY JR. TRUCKING INC. Principal Place of Business Mailing Address 9509 HWY 92 E PO BOX 1833 **TAMPA FL 33610** RIVERVIEW FL 33569 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3329293 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent WHITLOCK JR., HENRY C Street Address (P.O. Box Number is Not Acceptable) 9509 HWY 92 E **TAMPA FL 33610** City 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS TITLE ☐ Addition TITLE -☐ Delete NAME = WHITLOCK, JR., HENRY C NAME 3261 BLOOMINGDALE VILLAS CT STREET ADDRESS STREET ADDRESS CITY-ST-ZIP BRANDON FL 33511 CITY-ST-ZIP TITLE VTS X Delete TITI F ☐ Change ☐ Addition HALLOCK, TINA M NAME NAME 3261 BLOOMINGDALE VILLAS CT STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **BRANDON FL 33511** CITY-ST-ZIP TITLE X Delete TITLE ☐ Change Addition MD NAME WHITLOCK, KENNETH D. NAME STREET ADDRESS 3261 BLOOMINGDALE VILLAS CT STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP BRANDON FL 33511 TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Addition NAME NAME STREET ADDRESS 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.

February II, 2002