

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 27, 2000 8:00 am
Secretary of State

01-27-2000 90105 044 ***150.00

DOCUMENT # P95000074322

1. Entity Name

ACEO TRUCKING INC.

Principal Place of Business

Mailing Address

12243 NW 35 ST
 CORAL SPRINGS FL 33071

12243 NW 35 ST
 CORAL SPRINGS FL 33065-2509

2. Principal Place of Business

3. Mailing Address

11950 NW 39 Street

11950 NW 39 Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite A

Suite A

City & State

City & State

Coral Springs, FL

Coral Springs, FL

Zip

Country

Zip

Country

33065

33065



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0614601

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

BLAKE, JEFFREY S
 12243 NW 35 ST
 CORAL SPRINGS FL 33071

Name **Jeffrey S. Blake**

Street Address (P.O. Box Number is Not Acceptable)
11950 NW 39 Street

Suite A

City **Coral Springs, FL** Zip Code **33065**

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.

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 Delete
 NAME **D**
 STREET ADDRESS **BLAKE, JEFFREY S**
 CITY-ST-ZIP **12243 NW 35 ST**
CORAL SPRINGS FL 33071

TITLE Change Addition
 NAME **Jeffrey S. Blake**
 STREET ADDRESS **11950 N.W. 39 St, Suite A**
 CITY-ST-ZIP **Coral Springs, FL 33065**

TITLE Delete
 NAME **D**
 STREET ADDRESS **BLAKE, GREGORY L**
 CITY-ST-ZIP **11231 NW 23 COURT**
CORAL SPRINGS FL 33065

TITLE Change Addition
 NAME **Gregory L. Blake**
 STREET ADDRESS **11950 NW 39 St, Ste. A**
 CITY-ST-ZIP **Coral Springs, FL 33065**

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
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TITLE Change Addition
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 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 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:

Gregory L. Blake
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-20-2000

Date

954-346-1187

Daytime Phone #