

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000083316

1. Entity Name

HAGAN & SON TRUCKING, INC.

**FILED**  
**Jan 18, 2000 8:00 am**  
**Secretary of State**

01-18-2000 90044 037 \*\*\*150.00

Principal Place of Business Mailing Address  
P.O. BOX 41 P.O. BOX 41  
GLEN ST. MARY FL 32040 GLEN ST. MARY FL 32040-0041

2. Principal Place of Business 3. Mailing Address  
Suite, Apt. #, etc. Suite, Apt. #, etc.  
City & State City & State  
Zip Country Zip Country



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3350141 Applied For Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
HAGAN, CECIL R  
1634 BLANDING BLVD  
JACKSONVILLE FL 32210

7. Name and Address of New Registered Agent  
Name CECIL R HAGAN  
Street Address (P.O. Box Number is Not Acceptable) 1500 SOUTH 1ST ST  
City LAKE CITY FL Zip Code 32025

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 CECIL R. HAGAN PRESIDENT  
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 P HAGAN, CECIL R SR  
NAME 1634 BLANDING BLVD  
STREET ADDRESS JACKSONVILLE FL 32210  
CITY-ST-ZIP  
TITLE V HAGAN, CECIL R JR  
NAME 1634 BLANDING BLVD  
STREET ADDRESS JACKSONVILLE FL 32210  
CITY-ST-ZIP  
TITLE S HAGAN, DONNA F  
NAME 1634 BLANDING BLD  
STREET ADDRESS JACKSONVILLE FL 32210  
CITY-ST-ZIP  
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  
STREET ADDRESS  
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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: SIGNATURE REQUIRED Donna F. Hagan 1/6/2000 904-259-2200  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DONNA HAGAN, SEC. Date Daytime Phone #