

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

FILED
May 21, 2002 8:00 am
Secretary of State

05-21-2002 90883 027 ***150.00

DOCUMENT # **P95000093017**

1. Entity Name

SHIELDS TRUCKING INC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

15117 REDFISH ST

3. Mailing Address

7629 KAREN DR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

HUDSON FL

City & State

PORT RICHEY FL

4. FEI Number

59-3348471

Applied For

Not Applicable

Zip

34667

Country

USA

Zip

34668

Country

USA

5. Certificate of Status Desired

\$8.75 Additional Fee Required

7.. Name and Address of Current Registered Agent

Name

DANIEL SHIELDS

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

7629 KAREN DR

City

PORT RICHEY

FL

Zip Code

34668

**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

Paul Shields

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4-26-02

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	D, P SHIELDS, DANIEL 7629 KAREN DR PORT RICHEY FL 34668	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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 on an attachment with an address with all other like empowered.

SIGNATURE:

Paul Shields

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-26-02

Date

727-862-6316

Daytime Phone #

CR2E034B (12/01)