

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

FILED
May 06, 2004 8:00 am
Secretary of State

05-06-2004 90191 002 ***150.00

DOCUMENT # *P96000000422*

1. Entity Name

Mollenkopf Trucking Inc.



DO NOT WRITE IN THIS SPACE

44045099

2. Principal Place of Business

4609 SE 27th

3. Mailing Address

4609 SE 27th

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Okeechobee FL

City & State

Okeechobee FL

4. FEI Number

65-6654-700-010612

Applied For

Not Applicable

Zip

Country

34974 Okeechobee

Zip

Country

34974 Okeechobee

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

Name

James Mollenkopf

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

4609 SE 27th

City

Okeechobee

FL

Zip Code

34974

**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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

[Signature] Pres

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

(NOTE: Registered Agent signature required when reinstating)

DATE

5-1-04

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE *President*
NAME *James Mollenkopf*
STREET ADDRESS *4609 SE 27th*
CITY-ST-ZIP *Okeechobee FL 34974*

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IN THIS SPACE**

12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

[Signature] Pres

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-1-04

Date

561-436-2139

Daytime Phone #

CR2E034B (12/02)