## 2000 UNIFORM BUSINESS REPORT (UBR)

## FILED DOCUMENT # P96000006558 Jan 29, 2000 8:00 am 1. Entity Name **Secretary of State** G & B FREIGHT, INC. 01-29-2000 90006 034 \*\*\*150.00 Principal Place of Business Mailing Address 2884 NW 200TH STREET 2884 NW 200TH STREET LAWTEY FL 32058-6039 LAWTEY FL 32058 HS 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. City & State -- City & State Applied For 4. FEI Number 59-3362083 Not Applicable 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 Name SIKES, CHARLES D Street Address (P.O. Box Number is Not Acceptable) 996 N TEMPLE AVE STARKE FL 32091 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 DATE (NOTE: Registered Agent signature required when reinstating) 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, 2000 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 OFFICERS AND DIRECTORS 12. 11. ☐ Addition TITLE TITLE MORGAN, GLYNN ## 1, BOX 86 2884 NW 2004 34. NAME NAME STREET ADDRESS STREET ADDRESS LAWTEY FL 32058 CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE TITLE MORGAN, BETTY NAME ATT 1, BOX 96 - 28.84 NW 20045 St. NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP LAWTEY FL 32058 CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition TITLE NAME NAME ž STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP T \* 1 \*\*\* ☐ Delete TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Delete TITLE TITLE 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.

SIGNATURE: SIGNATURE AND TYPES OF PRINTED MANE OF SIGNING OFFICER OF DIRECTOR Date Daylure Phone #