

2000 UNIFORM BUSINESS REPORT (UBR)

0014 10

DOCUMENT # P96000015194

1. Entity Name
HILLBILLY EXPRESS, INC.

FILED

00 NOV -6 PM 1:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
1721 HERMIT SMITH ROAD
APOPKA FL 32712

Mailing Address
1721 HERMIT SMITH ROAD
APOPKA FL 32712

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-3374907

Applied
Not Applicable

Zip Country

Zip Country

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

SPENCER, SHIRLEY M
1721 HERMIT SMITH ROAD
APOPKA FL 32712

Name

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

City

FL

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 *Shirley M. Spencer*

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

(NOTE: Registered Agent signature required when reinstating)

11-1-00

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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 D ☐ Delete
NAME SPENCER, SHIRLEY M
STREET ADDRESS 1721 HERMIT SMITH ROAD
CITY-ST-ZIP APOPKA FL 32712

TITLE ☐ Change ☐ Addition
NAME 500003481815--8
STREET ADDRESS -11/30/00--01092--009
CITY-ST-ZIP *****750.00 *****750.00

TITLE D ☐ Delete
NAME HETZ, JANIS S
STREET ADDRESS POST OFFICE BOX 206
CITY-ST-ZIP PLYMOUTH FL 32768

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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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)(l), 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:

Shirley M. Spencer
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/12/00

Date

407-889-2108

Daytime Phone #

CR2E034 (5/00)