

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000018360

1. Entity Name  
C.B.E. TRUCKING CO., INC.

**FILED**  
**May 11, 2001 8:00 am**  
**Secretary of State**

05-11-2001 90056 001 \*\*\*158.75

Principal Place of Business 3994 MERCANTILE AVE. NAPLES FL 34104	Mailing Address 3994 MERCANTILE AVE. NAPLES FL 34104
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0395170	Applied For
	Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent CADENHEAD, R.E. 3145 CHEROKEE STREET NAPLES FL 34112	7. Name and Address of New Registered Agent Name: ROBERT CADENHEAD Street Address (P.O. Box Number is Not Acceptable): 3994 Mercantile Ave City: NAPLES FL Zip Code: 34104
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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: ROBERT CADENHEAD 4/26/01  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input checked="" type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: P NAME: CADENHEAD, R.E. STREET ADDRESS: 3145 CHEROKEE ST. CITY-ST-ZIP: NAPLES FL 34112 <input checked="" type="checkbox"/> Delete		TITLE: NAME: ROBERT CADENHEAD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition STREET ADDRESS: 3994 mercantile CITY-ST-ZIP: NAPLES FL 34104	
TITLE: VP NAME: CADENHEAD, CALEB STREET ADDRESS: 3145 CHEROKEE ST. CITY-ST-ZIP: NAPLES FL 34112 <input type="checkbox"/> Delete		TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE: ST NAME: CADENHEAD, ROBERT STREET ADDRESS: 3434 OSCEOLA AVE. CITY-ST-ZIP: NAPLES FL 34112 <input checked="" type="checkbox"/> Delete		TITLE: NAME: ROBERT Cadenhead <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition STREET ADDRESS: 3994 Mercantile Ave CITY-ST-ZIP: NAPLES FL 34104	
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP: <input type="checkbox"/> Delete		TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP: <input type="checkbox"/> Delete		TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP: <input type="checkbox"/> Delete		TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP: <input type="checkbox"/> Change <input type="checkbox"/> Addition	

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: ROBERT CADENHEAD 4/26/01 941 643-0200  
SIGNATURE, TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)