FILED 2001 UNIFORM BUSINESS REPORT (UBR) Mar 01, 2001 8:00 am DOCUMENT # **P96000019899 Secretary of State** 1. Entity Name B & C TRUCKING AND DEVELOPMENT, INC. 03-01-2001 90043 001 ***150.00 Principal Place of Business Mailing Address 1907 WADE DR 1907 WADE DR 0404UU CAPE CORAL FL 33991 CAPE CORAL FL 33991 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 65-0647243 Not Applicable Zip Country 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 MAJKOWSKI, BRIAN J Street Address (P.O. Box Number is Not Acceptable) 1907 WADE DR CAPE CORAL FL 33991 Zip Code City 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 :f applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. CR2E034 (10/00) Addition TITLE Delete TITLE Change MAJKOWSKI, BRIAN J NAME NAME 1907 WADE DR STREET ADDRESS STREET ADDRESS CAPE CORAL FL CITY-ST-7IP CITY-ST-ZIP Addition TITLE ☐ Delete TITLE ☐ Chance NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete TITLE Change Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE □ Delete 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

SIGNATURE:

SIGNATURE AND

D OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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