

2000 UNIFORM BUSINESS REPORT (UBR)

4/1

FILED
May 22, 2000 8:00 am
Secretary of State

04-19-2000 90107 044 ***150.00

DOCUMENT # P96000020461

1. Entity Name

GINGERICH TRUCKING, INC.

Principal Place of Business

Mailing Address

16031 WINBURN DRIVE, SOUTH
 SARASOTA FL 32340
 US

16031 WINBURN DRIVE, SOUTH
 SARASOTA FL 34240-9226
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0646878

Applied For

Not Applicable

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

~~IRWIN, ED
 4911 14TH ST W
 SUITE 103
 BRADENTON FL 34207~~

Name

DONALD GINGERICH

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

16031 Winburn Dr. S.

City

SARASOTA

FL

Zip Code

34240

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

Donald L. Gingerich

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

(NOTE: Registered Agent signature required when reinstating)

5/11/00

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 \$150.00
After MAY 1, 2000 Fee will be \$550.00
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	DPST	<input type="checkbox"/> Delete
NAME	GINGERICH, DONALD L	
STREET ADDRESS	16031 WINBURN DRIVE, SOUTH	
CITY-ST-ZIP	SARASOTA FL 34240	
TITLE	DVPS	<input type="checkbox"/> Delete
NAME	GINGERICH, CHERYL A	
STREET ADDRESS	16031 WINBURN DRIVE, SOUTH	
CITY-ST-ZIP	SARASOTA FL 34240	
TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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)(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:

Donald L. Gingerich DONALD L GINGERICH

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-13-00

Date

941-322-8857

Daytime Phone #

CR2E034 19/99