

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000029464

1. Entity Name

SHARP TRUCKING, INC.

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

04-22-2000 90108 044 ***150.00

Principal Place of Business

Mailing Address

503 WANDA PL.
NOKOMIS FL 34275

503 WANDA PL.
NOKOMIS FL 34275-2768

2. Principal Place of Business

3. Mailing Address

PO Box 1289 973

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
Nokomis FL

4. FEI Number 65-0663549

Applied For

Not Applicable

Zip

Country

Zip

Country

34275 USA

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

SHARP, DOLORES
503 WANDA PL.
NOKOMIS FL 34275

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

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

(NOTE: Registered Agent signature required when reinstating)

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 ST ☐ Delete
NAME SHARP, DOLORES A
STREET ADDRESS P.O. BOX 973 NA
CITY-ST-ZIP NOKOMIS FL 34275

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

TITLE P ☐ Delete
NAME SHARP, JOHN
STREET ADDRESS P.O. BOX 973 NA
CITY-ST-ZIP NOKOMIS FL 34275

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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)(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:

Dolores Sharp
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
DOLORES A SHARP

Date

Daytime Phone #

1-10-00 941-946-3447

CR2E034 (9/99)