## 2001 UNIFORM BUSINESS REPORT (UBR)

## FILED Apr 30, 2001 8:00 am Secretary of State DOCUMENT # **P96000043896** A & D HAULING, INC. 04-30-2001 90321 036 \*\*\*150.00 Principal Place of Business Mailing Address 2914 SILVER PALM DRIVE 2914 SILVER PALM DRIVE EDGEWATER FL 32141 EDGEWATER FL 32141 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3377528 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 SWEET, THOMAS J Street Address (P.O. Box Number is Not Acceptable) 1298 N DIXIE FREEWAY **NEW SMYRNA BEACH FL 32168** 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, 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 FILE NOW!!! FEE IS \$150.00 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 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE TITLE ☐ Change Addition ☐ Delete KELLOGG, CHRISTOPHER NAME NAME STREET ADDRESS 2914 SILVER PALM DRIVE STREET ADDRESS CITY-ST-Z:P CITY-ST-ZIP **EDGEWATER FL 32141** TITLE Delete ☐ Change TITLE Addition KELLOGG, BENJAMIN NAME STREET ADDRESS 2914 SILVER PALM DRIVE STREET ADDRESS CITY-ST-ZiP **EDGEWATER FL 32141** CITY-ST-ZIP Delete Chance ☐ Addition KELLOGG, AMY NAME STREET ADDRESS STREET ADDRESS 2914 SILVER PALM DR CITY-ST-ZIP **EDGEWATER FL 32141** CITY - ST - ZIP TiT! F Delete TITLE Chance ☐ Adoition KELLOGG, DAVID NAME STREET ADDRESS 2914 SILVER PALM DR STREET ADDRESS CITY-ST-ZiP CITY-ST-ZIP **EDGEWATER FL 32141** TITLE ☐ Delete TITLE ☐ Change Addition NAME KELLOGG, JASON NAME STREET ADDRESS 2914 SILVER PALM DR STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **EDGEWATER FL 32141** TITLE ☐ Delete 21118 ☐ Change Addition MAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - 7IP

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 nt with an address, with all other like empowered