

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 03, 2004 8:00 am**  
**Secretary of State**

05-03-2004 91071 016 \*\*\*163.75

DOCUMENT # **P96000 048670**

1. Entity Name

**FDL Trucking Corp.**



**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

**11121 Oak Shore Ln.**

3. Mailing Address

**P.O. Box 783304**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**Clermont Fl.**

City & State

**Winter Garden Fl 34778**

4. FEI Number

**59-3378514**

Applied For

Not Applicable

Zip **34711**

Country

Zip **34778**

Country

5. Certificate of Status Desired

☒

**\$8.75** Additional Fee Required

7. Name and Address of Current Registered Agent

Name

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

City

**FL**

Zip Code

**DO NOT WRITE  
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

*[Signature]*

(NOTE: Registered Agent signature required when reinstating)

**4/28/2004**

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution.

☒

**\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**Hernandez Felix A.  
11121 Oak Shore Ln.  
Clermont Fl 34711**

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CITY - ST - ZIP

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12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/28/2004**

Date

**352/241-9121**

Daytime Phone #

CR2E034B (12/02)