

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 07, 2000 8:00 an
Secretary of State

02-07-2000 90034 024 ***150.00

DOCUMENT # P96000057445

1. Entity Name

E & R KIRBY TRUCKING, INC.

Principal Place of Business

Mailing Address

5625 N.E. 3RD LANE
 OKEECHOBEE FL 34972

P.O. BOX 2126
 OKEECHOBEE FL 34973-2126

B0013827

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0692521**

Applied
 Not Applied

Zip

Country

Zip

Country

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

SELM, WILLIAM JR
306 N.W. 5TH STREET
OKEECHOBEE FL 34972

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 Added to Fee

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN

TITLE **PS** ☐ Delete
 NAME **ELIZABETH KIRBY**
 STREET ADDRESS **5625 NE 3RD LANE**
 CITY-ST-ZIP **OKEECHOBEE FL**

TITLE **VPT** ☐ Delete
 NAME **RAYMOND KIRBY**
 STREET ADDRESS **5625 NE 3RD LANE**
 CITY-ST-ZIP **OKEECHOBEE FL**

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

SIGNATURE: Elizabeth Kirby, President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

863-467-6722

Date

Daytime Phone #