

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000076200

1. Entity Name

SCOTT MASHEWSKE TRUCKING COMPANY

Principal Place of Business

RT 4 BOX 215-B  
QUINCY FL 32351

Mailing Address

RT 4 BOX 215-B  
QUINCY FL 32351-9804

2. Principal Place of Business

111 Willie Presha Rd.

3. Mailing Address

111 Willie Presha Rd.

City & State

Quincy, FL

City & State

Quincy, FL

Zip

32351

Country

US

Zip

32351-9804

Country

US

4. FEI Number

59-3409736

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

MASHEWSKE, SCOTT  
RT 4 BOX 215-B  
QUINCY FL 32351

7. Name and Address of New Registered Agent

Name  
Mashewske, Scott  
Street Address (P.O. Box Number is Not Acceptable)  
111 Willie Presha Rd.  
Quincy  
City FL Zip Code  
32351

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

TITLE DP  
NAME MASHEWSKE, SCOTT  
STREET ADDRESS RT 4 BOX 215-B  
CITY-ST-ZIP QUINCY FL 32351 ☐ Delete

TITLE DST  
NAME MASHEWSKE, PAMELA  
STREET ADDRESS RT 4 BOX 215-B  
CITY-ST-ZIP QUINCY FL 32351 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE DP ☒ Change ☐ Addition  
NAME mashewske, Scott  
STREET ADDRESS 111 Willie Presha Rd.  
CITY-ST-ZIP Quincy, FL 32351

TITLE DST ☒ Change ☐ Addition  
NAME mashewske, Pamela  
STREET ADDRESS 111 Willie Presha Rd.  
CITY-ST-ZIP Quincy, FL 32351

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

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

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

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: Pamela Mashewske Pamela Mashewske 4/7/00 850-442-4384  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

FILED  
Apr 13, 2000 8:00 am  
Secretary of State

04-13-2000 90097 017 \*\*\*150.00

000004



DO NOT WRITE IN THIS SPACE

CR2E034 (9/99)