

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000088042

1. Entity Name

MCCONNELL TRUCKING, INC.

**FILED**  
**Feb 29, 2000 8:00 am**  
**Secretary of State**

02-29-2000 90124 036 \*\*\*150.00

Principal Place of Business	Mailing Address
5938 ZIDELL RD CALLAHAN FL 32011	5938 ZIDELL RD CALLAHAN FL 32046-9429

2. Principal Place of Business	3. Mailing Address
RR 3 Box 865	RR 3 Box 865
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State
Hilliard, FL	Hilliard
Zip	Zip
32046	32046-9429
Country	Country
NASSAU	NASSAU



DO NOT WRITE IN THIS SPACE

4. FEI Number	59-3410380	Applied For	<input type="checkbox"/>
		Not Applicable	<input type="checkbox"/>
5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
MCCONNELL, RICHARD W 5938 ZIDELL RD CALLAHAN FL 32011	Name Street Address (P.O. Box Number is Not Acceptable) RR 3 Box 865 City Hilliard FL Zip Code 32046

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 \_\_\_\_\_ (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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D	TITLE	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>
NAME	MCCONNELL, RICHARD W	NAME	RR 3 BOX 865
STREET ADDRESS	5938 ZIDELL RD	STREET ADDRESS	Hilliard, FL 32046
CITY-ST-ZIP	CALLAHAN FL 32011	CITY-ST-ZIP	
TITLE	D	TITLE	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>
NAME	MCCONNELL, JANET	NAME	RR 3 BOX 865
STREET ADDRESS	5938 ZIDELL RD	STREET ADDRESS	Hilliard, FL 32046
CITY-ST-ZIP	CALLAHAN FL 32011	CITY-ST-ZIP	
TITLE		TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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 *Richard W. McConnell* 1-18-00 904-845-3673  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)