

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 31, 2002 8:00 am**  
**Secretary of State**

01-31-2002 90059 028 \*\*\*150.00

**DOCUMENT # P96000088042**

1. Entity Name  
**MCCONNELL TRUCKING, INC.**



Principal Place of Business  
**RR 3 BOX 865  
 HILLIARD FL 32046**

Mailing Address  
**RR 3 BOX 865  
 HILLIARD FL 32046-9429**

2. Principal Place of Business  
**2792 Georgia Ave**

3. Mailing Address  
**2792 Georgia Ave**

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
**Hilliard FL**

City & State  
**Hilliard, FL**

4. FEI Number  
**59-3410380**

Applied For  
 Not Applicable

Zip  
**32046**

Country  
**NASSAU**

Zip  
**32046**

Country  
**NASSAU**

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent  
**MCCONNELL, RICHARD W  
 RR 3 BOX 865  
 HILLIARD FL 32046**

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
**2792 Georgia Ave**  
 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 *Richard W McConnell* (NOTE: Registered Agent signature required when reinstating) DATE 1-16-02

Signature, typed or printed name of registered agent and title if applicable.

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2002 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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>MCCONNELL, RICHARD W</b> <b>RR 3 BOX 865</b> <b>HILLIARD FL 32046</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>2792 Georgia Ave</b> <b>Hilliard, FL 32046</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>MCCONNELL, JANET</b> <b>RR 3 BOX 865</b> <b>HILLIARD FL 32046</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>2792 Georgia Ave</b> <b>Hilliard, FL 32046</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Janet McConnell* **Janet McConnell** 1-16-02 904-845-3673

Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (9/01)