

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000095578

1. Entity Name

DENNIS GREEN TRUCKING, INC.

FILED
Apr 14, 2000 8:00 am
Secretary of State

04-14-2000 90085 002 ***150.00

Principal Place of Business
1409 RIDGE ROAD
TAVARES FL 32778
US

Mailing Address
1409 RIDGE ROAD
TAVARES FL 32778-4038
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 59-3419285

Applied For

Not Applicable

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

GREEN, GAYLORD W
1409 RIDGE ROAD
TAVARES FL 32778

Name
Green, Lynn
Street Address (P.O. Box Number is Not Acceptable)
1409 Ridge Road
City Tavares FL Zip Code 32778

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 *Lynn Green*
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	GREEN, GAYLORD W	
STREET ADDRESS	1409 RIDGE ROAD	
CITY-ST-ZIP	TAVARES FL 32778	
TITLE	T	<input type="checkbox"/> Delete
NAME	GREEN, LYNN A	
STREET ADDRESS	1409 RIDGE ROAD	
CITY-ST-ZIP	TAVARES FL 32778	
TITLE	S	<input type="checkbox"/> Delete
NAME	GREEN, JUDY I	
STREET ADDRESS	882 ELGIN DRIVE	
CITY-ST-ZIP	WINTER SPRINGS FL 32708	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Green, Dennis W.	
STREET ADDRESS	882 Elgin Dr.	
CITY-ST-ZIP	Winter Springs, FL 32708	
TITLE	Vice President/Treasurer	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Dennis W. Green
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-10-2000 352-343-0248
Date Daytime Phone #

CR2E034 (9/99)