

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000001179

1. Entity Name  
SHE ' GO TRUCKING INC.

FILED  
01 MAY -4 PM 12:13  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
2175 N.W. 64 STREET  
OCALA FL 34475

Mailing Address  
2175 N.W. 64 STREET  
OCALA FL 34475

*Handwritten initials*



04/03/01-90064-038 \$125.00

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-3442803

Applied For  
Not Applicable

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

GREENE, DONALD R SR  
21635 S.W. 10 STREET  
DUNNELLON FL 34431

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2001 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 P  
NAME STANDRIDGE, JUDY  
STREET ADDRESS 2175 NW 64 ST  
CITY-ST-ZIP Ocala FL 34475  Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  Change  Addition

TITLE VP  
NAME GREENE, NANCY  
STREET ADDRESS 2180 N.W. 65 ST  
CITY-ST-ZIP Ocala FL 34475  Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  Change  Addition

TITLE D  
NAME COMAS, DANIELLE  
STREET ADDRESS 21635 SW 10TH ST  
CITY-ST-ZIP DUNNELLON FL 34431  Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  Change  Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  Change  Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  Change  Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  Change  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: *Nancy Greene V.P.* *Nancy Greene* 4-1-01 352-817-5454  
SIGNATURE AND TYPED OR PRINTED NAME OF BRINGING OFFICER OR DIRECTOR Date Daytime Phone #

0651708

CR2E034 (10/00)

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\*\*\*\*\*25.00 \*\*\*\*\*25.00