

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000001179

1. Entity Name

SHE ' GO TRUCKING INC.

Principal Place of Business

Mailing Address

2175 N.W. 64 STREET
OCALA FL 34475

2175 N.W. 64 STREET
OCALA FL 34475

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 59-3442803

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

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

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, 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	<input type="checkbox"/> Delete
NAME	STANDRIDGE, JUDY	
STREET ADDRESS	2175 NW 64 ST	
CITY-ST-ZIP	OCALA FL 34475	
TITLE	VP	<input type="checkbox"/> Delete
NAME	GREENE, NANCY	
STREET ADDRESS	2180 N.W. 65 ST	
CITY-ST-ZIP	OCALA FL 34475	
TITLE	D	<input type="checkbox"/> Delete
NAME	COMAS, DANIELLE	
STREET ADDRESS	21635 SW 10TH ST	
CITY-ST-ZIP	DUNNELLON FL 34431	
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"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Nancy Greene V.P. Nancy Greene

Date

Daytime Phone #

4-1-01 352-817-5454

FILED

01 MAY -4 PM 12:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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

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CR2E034 (10/00)

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