

**2000 UNIFORM BUSINESS REPORT (UBR)****FILED**  
**May 18, 2000 8:00 am**  
**Secretary of State**

05-18-2000 90372 022 \*\*\*150.00

A3062458



DO NOT WRITE IN THIS SPACE

**DOCUMENT # P97000011408**

1. Entity Name

**SCHOONEY TRUCKING COMPANY**

Principal Place of Business

Mailing Address

750 WEST 24TH PLACE  
SANFORD FL 32771P.O. BOX 640  
SANFORD FL 32703

2. Principal Place of Business

3. Mailing Address

750 W. 24th Place

1010 OAKWOOD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Sanford FL

Harrisonville

Zip

Country

Zip

Country

32771

Seminole

Missouri

CA93

4. FEI Number

59-3437789

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

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

04-01-00

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

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	NAME	TITLE	NAME
<input type="checkbox"/> Delete	P SCHOONOVER, LARRY D 750 WEST 24TH PLACE SANFORD FL 32771	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete	ST SCHOONOVER, VALDA K 750 WEST 24TH PLACE SANFORD FL 32771	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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<input type="checkbox"/> Delete		<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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

04-01-00