

**2000 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # P97000011616**

1. Entity Name

**DOLLY TRANS FREIGHT, INC.**

Principal Place of Business

Mailing Address

**2400 FORSYTH RD., SUITE 104  
ORLANDO FL 32807****P.O. BOX 570731  
ORLANDO FL 32857-0731**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number **59-3459714**

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

**MERCADO, ADALBERTO  
1347 OKALOOSA AVENUE  
ORLANDO FL 32822**

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, 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 **P** ☐ Delete  
NAME **MERCADO, ADALBERTO**  
STREET ADDRESS **1347 OKALOOSA AVE**  
CITY-ST-ZIP **ORLANDO FL 32822**TITLE ☐ Change ☐ Addition  
NAME  
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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 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

**ADALBERTO MERCADO**

Date

**1/21/00**

Daytime Phone #

**(407) 673-7138****FILED  
Feb 17, 2000 8:00 am  
Secretary of State**

02-17-2000 90072 031 \*\*\*150.00

**713870**

DO NOT WRITE IN THIS SPACE