2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 26, 2001 8:00 am
Secretary of State
04-26-2001 90261 028 ***150.00

DOCUMENT # P97000015402

1. Entity Name
ELDS TRUCKING, INC.

Principal Place of Business	Mailing Address
DOLLY TRANS FREIGHT P.O. BOX 570731 ORLANDO FL 32857 US	1073 WEAVER DR OVIEDO FL 32765 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
ELDS Trucking	
Suite, Apt. #, etc. 1073 Weaver Dr.	Suite, Apt. #, etc.
City & State Oviedo FL	City & State
Zip 32765 / Country Seminole	Zip / Country

4. FEI Number 65-0727268 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

DOMINGUEZ, ELSIE
1079 WEAVER DR
OVIEDO FL 32765

7. Name and Address of New Registered Agent

Name: DOMINGUEZ, ELSIE
Street Address (P.O. Box Number is Not Acceptable): 1073 Weaver Dr.
City: OVIEDO FL Zip Code 32765

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 Elsie S Dominguez Pres. ELSIE S Dominguez Pres.
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Reg stered 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 / NAME / STREET ADDRESS / CITY-ST-ZIP	P DOMINGUEZ, ELSIE 1073 WEAVER DR OVIEDO FL 32765	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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CR2E034 (10/00)

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: Elsie S Dominguez Pres 4/4/01 407-977-1718
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #