

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 01, 2000 8:00 am
Secretary of State

03-01-2000 90017 023 ***150.00

DOCUMENT # P97000024240

1. Entity Name

S.H. TRUCKING, INC.

Principal Place of Business

Mailing Address

7327-A SANIBEL BLVD
 FT. MYERS FL 33912
*2610 SW Embers Terr
 Cape Coral FL 33991*

7327-A SANIBEL BLVD
 FL MYERS FL 33912-3338

*2610 SW Embers Terr
 Cape Coral FL 33991*

2. Principal Place of Business

3. Mailing Address

2610 S.W. Embers Terr
 Suite, Apt. #, etc.

2610 S.W. Embers Terr
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

City & State

Cape Coral FL
 Zip *33991* Country *Lee*

Cape Coral FL
 Zip *33991* Country *Lee*

4. FEI Number **65-0741843**

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

HARRISON, SYLVIA
 6301 ARC WAY
 FT. MYERS FL 33912

Name

Street Address (P.O. Box Number is Not Acceptable)

2610 SW Embers Terr.

City

Cape Coral FL Zip Code *33991*

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 **D** ☐ Delete
 NAME **HARRISON, SYLVIA**
 STREET ADDRESS **2610 SW EMBERS TERR**
 CITY-ST-ZIP **CAPE CORAL FL 33991**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
 NAME *President*
 STREET ADDRESS *Gilbert Harrison*
 CITY-ST-ZIP *2610 SW Embers Terr*
Cape Coral, FL 33991

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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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 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 #

S. HARRISON *2/21/00* *282-1292*

CR2E034 (9/99)