## 2001 UNIFORM BUSINESS REPORT (UBR)

## Mar 08, 2001 8:00 am DOCUMENT # P97000027111 **Secretary of State** 1. Entity Name H & G TRUCKING, INC. 03-08-2001 90091 041 \*\*\*150.00 Mailing Address Principal Place of Business 768 S WATERWAY DR 768 S WATERWAY DR BAREFOOT BAY FL 32976-7310 BAREFOOT BAY FL 32976-7310 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For City & State 4. FEI Number 59-3436342 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent HANLON, GEORGE Street Address (P.O. Box Number is Not Acceptable) 768 S. WATERBURY DRIVE BAREFOOT BAY FL 32976-7310 City 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign, Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 CR2E034 (10/00) TITLE ☐ Delete TITLE ☐ Change Addition HANLON, GEORGE NAME NAME 768 S. WATERWAY DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP BAREFOOT BAY FL 32976 CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change Addition HANLON, HELEN NAME NAME STREET ADDRESS 768 S. WATERWAY DRIVE STREET ADDRESS CITY-ST-7IP BAREFOOT BAY FL 32976-7310 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Storge Thanks George FHANLON March 5-01 561-663-404

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Desyrine Phone #

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