

2000 UNIFORM BUSINESS REPORT (UBR)DOCUMENT # **P 97 0000 44593**

1. Entity Name

Ideal Trucking, Inc.**FILED**
Aug 10, 2000 8:00 am
Secretary of State

08-10-2000 90012 032 ***158.75

00077899

Principal Place of Business

Mailing Address

2961 NW 44th Avenue
Lauderdale Lakes, FL 33313

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0755086

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Everton Young
2961 NW 44th Avenue
Lauderdale Lakes, FL 33313

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 State10. 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 **Everton Young**
STREET ADDRESS **2961 NW 44th Avenue**
CITY-ST-ZIP **Lauderdale Lakes, FL 33313**TITLE **P** ☐ Change ☐ Addition
NAME **Everton Young**
STREET ADDRESS **2961 NW 44th Avenue**
CITY-ST-ZIP **Lauderdale Lakes, FL 33313**TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
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CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
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 #

CR2E034 (9/99)

Attachment
OFF # 200044593
DW 57890
July 28, 2000

To Whom It May Concern:

The form that was originally sent, was never received. I called and requested that a second form be sent to us, which I got.

Should you have any questions, or need any further information, please contact me at (954) 520-1756 (daytime) or (954) 731-8919 (evening)

Thanks in Advance,
Everton Young