2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

DOCUMENT # P9700051977 May 15, 2000 8:00 am Secretary of State 1. Entity Name GREG WILLEMS' TRUCKING AND LANDWORKS, INC. 05-15-2000 90263 002 ***150.00 Principal Place of Business Mailing Address 2088 SANDALWOOD DRIVE 2088 SANDALWOOD DRIVE MELBOURNE FL 32935-5508 MELBOURNE FL 32935 3. Mailing Address 1073 CARLTON DR 2. Principal Place of Business 073 CARLTON DR Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For City & State 4. FEI Number 59-3392713 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent WILLEMS, GREG WILLEMS, GREG 2088 SANDALWOOD DRIVE **MELBOURNE FL 32935** MELBOURNE. 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. DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. **PVTS** PVT5D Addition TITLE TITLE ☐ Delete WILLEMS, GREG-1073 CARLTON DR WILLEMS, GREG NAME NAME STREET ADDRESS 2088 SANDALWOOD DR. STREET ADDRESS MELBOURNE, FI 32935-4201 CITY-ST-ZIP MELBOURNE FL 32935 CITY-ST-7IP ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ____ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE 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 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 empoyed the 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 glinar keylempowered changed, or on an attachment with an address