

2000 UNIFORM BUSINESS REPORT (UBR)

3/

DOCUMENT # P97000069080

1. Entity Name

ED'S TRUCKING, INC.

FILED
May 04, 2000 8:00 am
Secretary of State

03-16-2000 90069 027 ***150.00

Principal Place of Business

5513 ROOSEVELT BLVD.
SUITE 132
JACKSONVILLE FL 32244
US

Mailing Address

5513 ROOSEVELT BLVD.
SUITE 132
JACKSONVILLE FL 32244-2345
US

2. Principal Place of Business

5191 ACRE ESTATES

Suite, Apt. #, etc.

Drive

City & State

Jacksonville, FL

Zip
32210

Country

DUVAL

3. Mailing Address

5191 Acre Estates

Suite, Apt. #, etc.

Drive

City & State

Jacksonville, FL

Zip
32210

Country

DUVAL



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3463072

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

RAY, CHARLES E II

4788 MYRTLEWOOD ROAD

JACKSONVILLE FL 32210

5191 ACRE ESTATES DR

Jacksonville, FL 32210

PLEASE Change
ADDRESS ONLY

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 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	<input checked="" type="checkbox"/> Delete
NAME	RAY, CHARLES E II	
STREET ADDRESS	4788 MYRTLEWOOD ROAD	
CITY-ST-ZIP	JACKSONVILLE FL 32210	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	RAY, CHARLES E I	
STREET ADDRESS	5513 ROOSEVELT BLVD, #132	
CITY-ST-ZIP	JACKSONVILLE FL 32244	
TITLE	D	<input type="checkbox"/> Delete
NAME	RAY Charles E II	
STREET ADDRESS	5191 ACRE ESTATES DR	
CITY-ST-ZIP	Jacksonville, FL 32210	
TITLE		<input type="checkbox"/> Delete
NAME		
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STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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)