2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # **P97000083964** Apr 27, 2000 8:00 am Secretary of State 1. Entity Name SHILO TRUCKING, INC. 04-27-2000 90021 041 ***150.00 Mailing Address Principal Place of Business 1259 TAHOE COURT 1259 TAHOE COURT ORANGE PARK FL 32065-6678 ORANGE PARK FL 32065 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FE! Number City & State 59-3470942 Not Applicable Country \$8.75 Additional Country Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name HOLLEN, RONALD D Street Address (P.O. Box Number is Not Acceptable) 1259 TAHOE COURT **ORANGE PARK FL 32065** 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 (NOTE: Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and title if applicable. 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 \$5.00 May Be 10. Election Campaign Financing After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12 11. OFFICERS AND DIRECTORS Addition □ Change PD Delete TITLE NAME NAME HOLLEN, RONALD D STREET ADDRESS STREET ADDRESS 1259 TAHOE COURT CITY-ST-ZIP CITY-ST-ZIP ORANGE PARK FL 32065 Change Addition STD ☐ Delete TITLE TITLE HOLLEN, DEBORAH J NAME NAME STREET ADDRESS STREET ADDRESS 1259 TAHOE COURT CITY-ST-ZIP CITY-ST-ZIP **ORANGE PARK FL 32065** Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Delete TITI F TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP [17] Change ∏ Addition TITLE □ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE 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 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

Daytime Phone #

RODALD Hollen