

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000085968

1. Entity Name

GANTT TRUCKING, INC.

**FILED**  
**May 02, 2000 8:00 am**  
**Secretary of State**

05-02-2000 90134 010 \*\*\*150.00

Principal Place of Business

Mailing Address

201 W. 14TH ST., #13  
 LYNN HAVEN FL 32444

201 W. 14TH ST., #13  
 LYNN HAVEN FL 32444-3758

2. Principal Place of Business

201 W. 14th St., #13

3. Mailing Address

201 W. 14th St.

Suite, Apt. #, etc.

#13

Suite, Apt. #, etc.

#13

City & State

LYNN HAVEN, FL

City & State

LYNN HAVEN, FL.

Zip

32444

Country

Bay

Zip

32444

Country

Bay



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3474517

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

GANTT, PAUL B  
 201 W. 14TH ST., #13  
 LYNN HAVEN FL 32444

Name

GANTT TRUCKING INCORPORATED

Street Address (P.O. Box Number is Not Acceptable)

201 W. 14th St #13

City

LYNN HAVEN,

FL

Zip Code

32444

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

*Paul B. Gantt*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4-24-00

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 type="checkbox"/> Delete
NAME	GANTT, PAUL B	
STREET ADDRESS	201 W. 14TH ST., #13	
CITY-ST-ZIP	LYNN HAVEN FL 32444	
TITLE	D	<input type="checkbox"/> Delete
NAME	GANTT, RUTH A	
STREET ADDRESS	201 W. 14TH ST., #13	
CITY-ST-ZIP	LYNN HAVEN FL 32444	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP	
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:

*Paul B. Gantt*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-24-00

CR2E034 (9/99)