-		-	-	
2000 €	UNIFORM	BUSINESS	REPORT	(UBR

2000	UNIFORM BUSI	NESS NEFU	TI (UBR	<u>"</u>	TII .	ED		
DOCUMENT # P97000087210 1. Entity Name OLDHAM TRUCKING CORPORATION					FILED Sep 13, 2000 8:00 am Secretary of State			
					09-13-2000 9004:	5 021 ***55	0.00	
Principal Place		Mailing Address						
23115RogersvRoadek Drive SATH Lakeland, iFL, 33813ida					. DOTOOTOT			
2. Principal Place of Business 3335 Minnow Creek Dr: 703335 Minnow Creek Dr. Suite, Apt. #, etc. 3. Mailing Address Suite, Apt. #, etc.					DO NOT WRITE IN THIS SPACE '			
City & State Sprir	ng Hill, FL 34607	City & State Spring Hill	, FL 346		4. FEI Number 91-1838295		plied For t Applicable	
^{Zip} 34607	Country .	Zip 34607	Country		5. Certificate of Status Desired	\$8.75 Add Fee Required		
	6. Name and Address of Current R	egistered Agent		7	7. Name and Address of New Registered	Agent		
Debor	ra C. Reher				seph Oldham			
2311 Rogers Road			Street Ag	reet Address (P.O. Box Number is Not Acceptable) 3335 Minnow Creek Drive				
Lakeland, FL 33813 Sg			prin	ing Hill, FL 34607				
City			prin	ing Hill, FL FL Zip Code 34607				
8. The above	named entity submits this statement for	the purpose of changing its re	gistered office or r	registered	agent, or both, in the State of Florida.			
					9/6/00		ļ	
SIGNATURE _	Signature, typed or printed name of regions ed agont ar	to title if applicable (NOTE: F	Registered Agent signatur	re required whi				
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 Sta					10. Election Campaign Financing Trust Fund Contribution.		May Be to Fees	
11.	Presiden OFFICERS AND D	DIRECTORS	12.		ADDITIONS/CHANGES TO OFFICERS AF			
TITLE NAME	Joseph H. Oldham	☐ Delete	TITLE NAME		sident eph Oldham	⊠ Change	☐ Addition	
STREET ADDRESS	2311 Rogers Road		STREET ADDRESS		335 Minnow Creek Drive			
CITY-ST-ZIP	Lakeland, FL 338	13	CITY-ST-ZIP	Spr.	<u>ing Hill, FL 34607</u>	<u> </u>		
TITLE NAME STREET ADDRESS + CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ŧ		☐ Change	☐ Addition	
TITLE		☐ Delete	TITLE			☐ Change	Addition	
NAME STREET ADDRESS CITY-ST-ZIP			NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	_		☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition	
TITLE NAME STREET ADDRESS		☐ Delete	TITLE NAME STREET ADDRESS	·		Change	Addition	

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.

CITY-ST-ZIP

SIGNATURE; DIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/6/00

(863) 660-6608

CR2E034 (9/99)