## 2000 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # P97000092591 Feb 24, 2000 8:00 am **Secretary of State** ALL SANDS TRUCKING, INC. 02-24-2000 90008 015 \*\*\*150.00 Principal Place of Business Mailing Address 7025 NW 87TH AVE 7025 NW 87TH AVE PARKLAND FL 33067-1068 PARKLAND FL 33067 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number Applied For City & State City & State 65-0788658 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name WILLARD, EILEEN Street Address (P.O. Box Number is Not Acceptable) 7025 NW 87TH AVE PARKLAND FL 33067 Zip Code FL 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 DATE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable 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 Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. PTD Change ☐ Addition Delete **PSTD** TITLE TITLE Willard, Eileen WILLARD, EILEEN NAME 7025 NW 87 ave STREET ADDRESS 7025 NW 87TH AVE STREET ADDRESS Parkland, F1. 33067 CITY-ST-ZIP CITY-ST-ZIP PARKLAND FL 33067 **X** Addition ☐ Change ☐ Delete TITLE Tracy ann O'keefe NAME NAME STREET ADDRESS STREET ADDRESS North Lauderdalé CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ■ Addition Change ☐ Delete TITLE 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-7IP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS

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 1 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

STREET ADDRESS

CiTY-ST-7IP

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

<u>resident</u> 2-7-00