

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000005007

1. Entity Name

D & E TRANSPORTATION, INC.

FILED
May 08, 2000 8:00 am
Secretary of State

05-08-2000 90026 023 ***150.00

Principal Place of Business

1160 DAIMLER DRIVE
 APOPKA FL 32712

Mailing Address

1160 DAIMLER DRIVE
 APOPKA FL 32712-6034

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3496162

Applied For

Not Applicable

Zip

Country

Zip

Country

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

~~AMERILAWYER~~
~~343 ALMERIA AVENUE~~
~~CORAL GABLES FL 33134~~

Name

DIANE DAGE

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

1160 DAIMLER DR

City

APOPKA, F

FL

Zip Code

32712

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

Diane Dage

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	PTD	<input type="checkbox"/> Delete
NAME	DAGE, EVERT L II	
STREET ADDRESS	1160 DAIMLER DRIVE	
CITY-ST-ZIP	APOPKA FL 32712	
TITLE	VSD	<input type="checkbox"/> Delete
NAME	DAGE, DIANE E	
STREET ADDRESS	1160 DAIMLER DRIVE	
CITY-ST-ZIP	APOPKA FL 32712	
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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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:

Diane Dage
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-24-00

Date

407-884-4768

Daytime Phone #

CR2E034 (9/99)