

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 22, 2000 8:00 am
Secretary of State

02-22-2000 90047 036 ***158.75

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DO NOT WRITE IN THIS SPACE

DOCUMENT # P98000021048			
1. Entity Name HI-TECH TRUCKING, INC.			
Principal Place of Business 15970 WEST STATE ROAD 84 SUITE #223 SUNRISE FL 33326		Mailing Address 15970 WEST STATE ROAD 84 SUITE #223 SUNRISE FL 33326-1228	
2. Principal Place of Business 2150 N.W. 121 Ave. Suite, Apt. #, etc.		3. Mailing Address 2150 N.W. 121 Ave. Suite, Apt. #, etc.	
City & State Plantation, Fl. 33323		City & State Plantation, Fl. 33323	
Zip 33323 Country U.S.A.		Zip 33323 Country U.S.A.	
4. FEI Number 65-0815716		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent HAYWARD, LARRY SR. 15970 WEST STATE ROAD 84 SUITE #223 SUNRISE FL 33326		7. Name and Address of New Registered Agent Name Hayward, Larry Sr. Street Address (P.O. Box Number is Not Acceptable) 2150 N.W. 121 Ave. City Plantation, FL Zip Code 33323	
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 Larry Hayward, Sr. - Pres. DATE 2-14-2000 <small>(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input checked="" type="checkbox"/>		10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE President NAME HAYWARD, LARRY SR STREET ADDRESS 15970 WEST STATE ROAD 84, SUITE 223 CITY-ST-ZIP SUNRISE FL 33326 <input type="checkbox"/> Delete		TITLE P NAME Hayward, Larry Sr. STREET ADDRESS 2150 N.W. 121 Ave. CITY-ST-ZIP Plantation, Fl. 33323 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE ST NAME HAYWARD, LORI M STREET ADDRESS 15970 WEST STATE ROAD 84, SUITE 223 CITY-ST-ZIP SUNRISE FL 33326 <input type="checkbox"/> Delete		TITLE ST NAME Hayward, Lori M. STREET ADDRESS 2150 N.W. 121 Ave. CITY-ST-ZIP Plantation, Fl. 33323 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE <input type="checkbox"/> Delete		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE <input type="checkbox"/> Delete		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE <input type="checkbox"/> Delete		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE <input type="checkbox"/> Delete		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE <input type="checkbox"/> Delete		TITLE <input type="checkbox"/> Change <input type="checkbox"/> 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.			
SIGNATURE: Larry Hayward, Sr. -Pres. 2-14-2000 1-800-980-2827 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>			

CR-4 034 (9/93)