

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000027890

1. Entity Name

C & F TRUCKING, INC.

Principal Place of Business

100 DIESEL ROAD
MULBERRY FL 33860

Mailing Address

100 DIESEL ROAD
MULBERRY FL 33860-9744

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

140 Diesel Road

Suite, Apt. #, etc.

140 Diesel Road

City & State

MULBERRY FL

City & State

Mulberry FL

Zip

33860

Country

U-S-A

Zip

33860

Country

U-S-A

6. Name and Address of Current Registered Agent

DEES, FRANKIE
100 DIESEL ROAD
MULBERRY FL 33860

7. Name and Address of New Registered Agent

Name

Dees, Frankie

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

140 Diesel Road

City

Mulberry

FL

Zip Code
33860

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

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

TITLE	P	<input type="checkbox"/> Delete
NAME	DEES, CAROLINE S	
STREET ADDRESS	100 DIESEL RD.	
CITY-ST-ZIP	MULBERRY FL 33860	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Dees, Caroline S	
STREET ADDRESS	140 Diesel Rd	
CITY-ST-ZIP	Mulberry, FL 33860	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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:

Caroline S. Dees
Caroline S. Dees 3-17-2000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Mar 29, 2000 8:00 am
Secretary of State

03-29-2000 90002 014 ***150.00



DO NOT WRITE IN THIS SPACE