FILED

2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

Feb 13, 2001 8:00 am DOCUMENT # **P98000033840 Secretary of State** GRIMES TRUCKING, INC. 02-13-2001 90595 024 ***150.00 Principal Place of Business Mailing Address 109 HIGHWAY 273 109 HIGHWAY 273 CAASIAvo CHIPLEY FL 32428 CHIPLEY FL 32428 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3505029 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required --- 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent GRIMES, HENRY O Street Address (P.O. Box Number is Not Acceptable) 109 HIGHWAY 273 CHIPLEY FL 32428 Zip Code City 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) 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, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. CR2E034 (10/00) ☐ Change TITLE ☐ Delete TITLE Addition NAME GRIMES, HENRY O NAME STREET ADDRESS STREET ADDRESS 109 HIGHWAY 273 CITY-ST-ZIP CITY-ST-7IP CHIPLEY FL 32428 ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Addition 🛶 😑 🖸 . Delete 🚅 Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filing does not quality for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental peport 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 trusfee 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.