2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000034190

1. Entity Name

T.F. ISAACS TRUCKING, INC.

Principal Place of Business

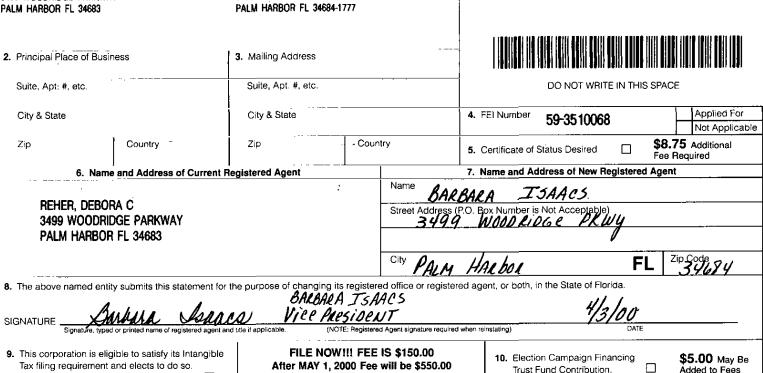
Mailing Address

3499 WOODRIDGE PARKWAY

3499 WOODRIDGE PARKWAY

Apr 11, 2000 8:00 am Secretary of State

04-11-2000 90039 023 ***150.00



9. This corporation is eligible to satisfy its Intangible (See criteria on back)

Make Check Payable to Department of State

Trust Fund Contribution.

Added to Fees

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12 11. PD Addition ☐ Change TITLE Delete ISAACS, THERMAN NAME NAME 3499 WOODRIDGE PARKWAY STREET ADDRESS STREET ADDRESS CITY-ST-ZIP PALM HARBOR FL 34683 CITY-ST-ZIP ☐ Change ■ Addition ☐ Defete TITLE TITLE ISAACS, BARBARA A NAME NAME 3499 WOODRIDGE PARKWAY STREET ADDRESS STREET ADDRESS PALM HARBOR FL.34683 CITY-ST-ZIP CITY-ST-ZIE Addition TITLE TIT) F ☐ Delete DI DONATO, HEAThER. DIDONATO, HEATHER NAME NAME 3422 UMBER DRIVE STREET ADDRESS STREET ADDRESS 1533 Alert St. CITY-ST-ZIP HOLIDAY FL 34691 CITY-ST-ZIP HOLIDAY, FL ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

13. I hereby certify that the information supplied with this filling 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