2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 18, 2001 8:00 am
Secretary of State
05-18-2001 91582 026 ***158.75

AUU70125

DOCUMENT # P98000035656

1. Entity Name

P. R TRUCKING INC.,

Principal Place of Business: 1722 WINDERMERE RD., WINTER GARDEN FL 34787
Mailing Address

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
1722 WINDERMERE RD.	SAME
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: WINTERGARDEN FL	City & State
Zip: 34787 / Country: U.S.A	Zip / Country

4. FEI Number: 59-3506034 ☐ Applied For ☐ Not Applicable

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
RON YOUNG 481 LAKESHORE DR., LAKEMARY FL 32746	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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, 2001 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	PRESIDENT ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	PRAKASH RAMLOCHAN	NAME	
STREET ADDRESS	1722 WINDERMERE RD.,	STREET ADDRESS	
CITY-ST-ZIP	WINTERGARDEN FL 34787	CITY-ST-ZIP	
TITLE	V. PRESIDENT ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	VIMMI P. RAMLOCHAN	NAME	
STREET ADDRESS	1722 WINDERMERE RD.	STREET ADDRESS	
CITY-ST-ZIP	WINTER GARDEN FL 34787	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

CR2E034 (11/00)

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: Vimmi P. Ramlochan VIMMI P. RAMLOCHAN 04/20/01 (407)654-5631
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #