2002 UNIFORM BUSINESS REPORT (UBR)

FILED Apr 22, 2002 8:00 am Secretary of State **DOCUMENT #** P98000040879 1. Entity Name 04-22-2002 90188 016 ***150 SPEEDY HARE TRUCKING, INC. Principal Place of Business Mailing Address 6799 W. OAKLAWN STREET P.O. BOX 3581 HOMOSASSA FL 34447 HOMOSASSA SPRINGS FL 34447 US Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State___ - __ _City & State__ 4._FEI Number Applied For 65-0856200 tomasassa Not Applicable Zip Country 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 Name SNOW. DANIEL J Street Address (P.O. Box Number is Not Acceptable) 203 COURTHOUSE SQUARE INVERNESS FL 34450 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) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. TITLE ☐ Delete TITLE ☐ Change ☐ Addition , NAME CURLEY, KENNETH J NAME STREET ADDRESS P.O. BOX 3581 STREET ADDRESS CITY-ST-ZIP HOMOSASSA SPRINGS FL 34447 CITY-ST-ZIP HILE. DST ☐ Delete TITLE ☐ Change ☐ Addition NAME CURLEY, DIAN C NAME STREET ADDRESS STREET ADDRESS P.O.-BOX-3581. -N/A CITY-ST-ZIP HOMOSASSA SPRINGS FL 34447 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME CURLEY, KENNETH F STREET ADDRESS 6799 W. OAKLAWN STREET STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP HOMOSASSA FL 34447 TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7iP 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.