

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000050081

1. Entity Name

OCEAN VIEW TRUCKING, INC.

Principal Place of Business

3208 10TH STREET
HOLLY HILL FL 21117

Mailing Address

PO BOX 1476
ORMOND BEACH FL 32175

2. Principal Place of Business

228 MASON AVE

3. Mailing Address

P.O. Box 1476

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

HOLLY HILL FL.

City & State

ORMOND BEACH FL.

Zip

32117

Country

USA

Zip

32175

Country

USA

6. Name and Address of Current Registered Agent

PINEIRO, ADA L
3208 10TH STREET
HOLLY HILL FL 21117

7. Name and Address of New Registered Agent

Name PINEIRO, ADA L.

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

228 MASON AVE

City

HOLLY HILL

FL

Zip Code 32117

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 ADA L. PINEIRO

Signature, typed or printed name of registered agent and title if applicable.

ADA L. PINEIRO

(NOTE: Registered Agent signature required when reinstating)

1/21/01

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

TITLE P
NAME PINEIRO, MANUEL A
STREET ADDRESS 715 N. FLAMINGO
CITY-ST-ZIP HOLLY HILL FL 32117 ☐ Delete

TITLE V
NAME PINEIRO, ADA L
STREET ADDRESS 715 N. FLAMINGO
CITY-ST-ZIP HOLLY HILL FL 32117 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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: MANUEL A. PINEIRO

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MANUEL A. PINEIRO

Date

1/21/01

Daytime Phone #

904-257-4006



DO NOT WRITE IN THIS SPACE

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CR2E034 (10/00)