

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 17, 2000 8:00 am
Secretary of State

04-14-2000 90016 039 ***150.00

DOCUMENT # P98000050604

1. Entity Name
ASH-MARIE TRUCKING, INC.

Principal Place of Business
**113 ZACALO WAY
 KISSIMMEE FL 34743**

Mailing Address
**P O BOX 430464
 KISSIMMEE FL 34743**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
113 Zacalo way
 Suite, Apt. #, etc.
Kissimmee
 City & State
Florida

3. Mailing Address
P.O. Box 430464
 Suite, Apt. #, etc.
Kissimmee
 City & State
Florida

4. FEI Number **59-3506333** Applied For
 Not Applicable

Zip **34743** Country **USA** Zip **34743-0464** Country **USA**

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**LAUREANO, ROY J
 113 ZACALO WAY
 KISSIMMEE FL 34743**

7. Name and Address of New Registered Agent
 Name **Laureano - Roy J.**
 Street Address (P.O. Box Number is Not Acceptable)
113 Zacalo way
 City **Kissimmee** FL Zip Code **34743**

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 *Roy J. Laureano* DATE **7/12/2000**
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 Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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 NAME STREET ADDRESS CITY-ST-ZIP	D LAUREANO, ROY J 447 LANCER DR. WINTER SPRINGS FL 32708	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>This report was returned and then resubmitted we did not know it hadn't been processed until we received this in the mail the check that we wrote you in April did clear</i>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Laureano Roy J 113 Zacalo way Kissimmee, FL 34743	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary Joan L Zapata 113 Zacalo way Kissimmee, FL 34743	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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: *Roy J. Laureano* SIGNATURE REQUIRED: *Roy J. Laureano (President)* (407) 973-2531
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (5/00)