

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 09, 2003 8:00 am
Secretary of State

04-09-2003 90181 038 ***150.00

CR2E034 (10/02)

DOCUMENT # P98000055548



1. Entity Name
COYABA TRUCKING, INC.

Principal Place of Business
**3725 LONE PINE ROAD
DELRAY BEACH FL 33445**

Mailing Address
**3725 LONE PINE ROAD
DELRAY BEACH FL 33445**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0845078**

Applied For
Not Applicable

Zip Country

Zip Country

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

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**RUTH, CONRAD C
3725 LONE PINE ROAD
DELRAY BEACH FL 33445**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|----------------|------------------------------|---------------------------------|
| TITLE | DP | <input type="checkbox"/> Delete |
| NAME | RUTH, CONRAD C | |
| STREET ADDRESS | 3725 LONE PINE ROAD | |
| CITY-ST-ZIP | DELRAY BEACH FL 33445 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | RUTH, SUSAN S | |
| STREET ADDRESS | 3725 LONE PINE ROAD | |
| CITY-ST-ZIP | DELRAY BEACH FL 33445 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
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| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **RUTH, CONRAD C.** Ruth

Date: **4/6/03** Daytime Phone #: **(561)278-4812**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #