

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 26, 2000 8:00 am
Secretary of State

01-26-2000 90181 050 ***150.00

DOCUMENT # P98000067167

1. Entity Name

B & H EXPRESS TRUCKING, INC.

Principal Place of Business

Mailing Address

**306 CLAIRE DRIVE
 SEFFNER FL 33584**

**306 CLAIRE DRIVE
 SEFFNER FL 33584-5320**

0001901



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

306 Claire Dr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Seffner FL.

306 Claire Dr

City & State

City & State

Seffner FL.

4. FEI Number **59-2895062**

Applied For
 Not Applied

Zip
33584

Country
Hillsb.

Zip
33584

Country
Hillsb.

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

**FIZER, BOBBY J
 306 CLAIRE DRIVE
 SEFFNER FL 33584**

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, 2000 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	D	<input type="checkbox"/> Delete
NAME	FIZER, BOBBY J	
STREET ADDRESS	306 CLAIRE DRIVE	
CITY-ST-ZIP	SEFFNER FL 33584	
TITLE	D	<input type="checkbox"/> Delete
NAME	FIZER, HELGA	
STREET ADDRESS	306 CLAIRE DRIVE	
CITY-ST-ZIP	SEFFNER FL 33584	
TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		
STREET ADDRESS		
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.

SIGNATURE: **Bobby J. Fizer**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-4-2000
 Date

813-654-8532
 Daytime Phone #