

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000071403

1. Entity Name

CHILTON'S DIAMOND TRUCKING, INC.

FILED
Feb 21, 2000 8:00 am
Secretary of State

02-21-2000 90018 039 ***150.00

Principal Place of Business

Mailing Address

8440 TRADEPORT DRIVE
SUITE 100
ORLANDO FL 32827

8440 TRADEPORT DRIVE
SUITE 100
ORLANDO FL 32827-5080

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 59-3527703

Applied For
Not Applicable

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

CHILTON, CORAL K
8440 TRADEPORT DR
SUITE 100
ORLANDO FL 32827

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 Coral L. (Kit) Chilton
Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating)

2/15/00
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	PD	<input type="checkbox"/> Delete
NAME	CHILTON, CORAL K	
STREET ADDRESS	8440 TRADEPORT DRIVE	
CITY-ST-ZIP	ORLANDO FL 32827	
TITLE	VSTD	<input type="checkbox"/> Delete
NAME	CHILTON, RICHARD S	
STREET ADDRESS	8440 TRADEPORT DRIVE	
CITY-ST-ZIP	ORLANDO FL 32827	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:

Coral L. (Kit) Chilton
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CORAL L (KIT) Chilton 2/15/00
Date

407/438-2991
Daytime Phone

CR2E034 (9/99)