

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000092582

1. Entity Name

DOUBLE DIAMOND TRUCKING, INC..

FILED
Mar 20, 2001 8:00 am
Secretary of State

03-20-2001 90009 010 ***150.00

A0034542

Principal Place of Business

Mailing Address

1075 HIGHWAY 17 SOUTH
WAUCHULA, FL 33873

1075.HIGHWAY517 SOUTH
WAUCHULA, FL 33873

2. Principal Place of Business

3. Mailing Address

P. O. BOX 1751

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

City & State
WAUCHULA, FL

4. FEI Number

65-0884232

Applied For

Not Applicable

Zip

Country

Zip

Country

33873

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

MARTIN, E.SNOW JR.
200 LAKE MORTON DRIVE
LAKELAND, FL 33802

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** NAME PARRISH, CYNTHIA, ADRIAN ☐ Delete
STREET ADDRESS 1572 HEARD BRIDGE ROAD
CITY-ST-ZIP WAUCHULA, FL 33873

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

TITLE **D** NAME PARRISH, LAURA JEAN ☐ Delete
STREET ADDRESS 14760 S.W. 14TH STREET
CITY-ST-ZIP DAVIE, FL 33325

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

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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

TITLE NAME ☐ Delete
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TITLE NAME ☐ Change ☐ Addition
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

Cynthia Adrian Parrish
CYNTHIA ADRIAN PARRISH
SIGNING OFFICER OR DIRECTOR

3/15/01

Date

863-773-3161

Daytime Phone #

CR2E034 (11/00)