

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 16, 2000 8:00 am**  
**Secretary of State**

05-16-2000 90152 043 \*\*\*150.00

**DOCUMENT # P98000099824**  
**1. Entity Name**  
**MICHAEL STRUTHERS TRUCKING, INC.**

<b>Principal Place of Business</b> 5042 42ND ST. SOUTH ST. PETERSBURG FL 33711	<b>Mailing Address</b> 5042 42ND ST. SOUTH ST. PETERSBURG FL 33711-4720
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<b>2. Principal Place of Business</b> 908 45 <sup>th</sup> St. E. Suite, Apt. #, etc.	<b>3. Mailing Address</b> 908 45 <sup>th</sup> St. E. Suite, Apt. #, etc.
<b>City &amp; State</b> Bradenton, FL	<b>City &amp; State</b> Bradenton, FL
<b>Zip</b> 34208	<b>Country</b> USA



DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**  
**STRUTHERS, MICHAEL B**  
**5042 42ND ST. SOUTH**  
**ST. PETERSBURG FL 33711**

**4. FEI Number** 59-3544633  
 Applied For  
 Not Applicable

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

**7. Name and Address of New Registered Agent**

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 \_\_\_\_\_ (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 NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>STRUTHERS, MICHAEL B</b> <b>5042 42ND ST. SOUTH</b> <b>ST. PETERSBURG FL 33711</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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**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:** Michael B. Struthers **Michael B. Struthers** 4-26-00 727-480-9329  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)