

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 10, 2001 8:00 am
Secretary of State

05-10-2001 90157 031 ***150.00

DOCUMENT # P98000099824

1. Entity Name
MICHAEL STRUTHERS TRUCKING, INC.

Principal Place of Business 908 45TH ST E. BRADENTON FL 34208	Mailing Address 908 45TH ST E. BRADENTON FL 34208
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2. Principal Place of Business 500 S. Belcher Rd. Suite, Apt. #, etc. 207 City & State LARGO, FL Zip 33771 Country	3. Mailing Address 500 S. Belcher Rd. Suite, Apt. #, etc. 207 City & State LARGO, FL Zip 33771 Country
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DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3544633	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent STRUTHERS, MICHAEL B 5042 42ND ST. SOUTH ST. PETERSBURG FL 33711	7. Name and Address of New Registered Agent Name STRUTHERS, MICHAEL B. Street Address (P.O. Box Number is Not Acceptable) 500 S. BELCHER RD. # 207 City LARGO FL Zip Code 33771
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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input checked="" type="checkbox"/>	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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STRUTHERS, MICHAEL B 5042 42ND ST. SOUTH ST. PETERSBURG FL 33711 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STRUTHERS, MICHAEL B. 500 S. BELCHER RD #207 LARGO, FL 33771 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 DATE: 4-28-01 DAYTIME PHONE #: 727-480-9329
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
MICHAEL B. STRUTHERS, PRES.

CR2E034 (10/00)