

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000106606

1. Entity Name
OSD TRUCKING, INC.

FILED
Apr 29, 2000 8:00 am
Secretary of State

04-29-2000 90001 047 ***150.00

Principal Place of Business

Mailing Address

5460 HOFFNER AVE
SUITE 407
ORLANDO FL 32812
US

5460 HOFFNER AVE
SUITE 407
ORLANDO FL 32812-2511
US

2. Principal Place of Business

3. Mailing Address

9319 E Colonial Dr
Suite, Apt. #, etc.

9319 E Colonial Dr
Suite, Apt. #, etc.

City & State
Orlando Fl

City & State
Orlando Florida

4. FEI Number 59-3558693

Applied For
Not Applicable

Zip
32827

Country
Orange

Zip
32827

Country
Orange

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

COOK, LAURIE A
5303 PATCH ROAD
ORLANDO FL 32822

Name
Cook, Laurie A
Street Address (P.O. Box Number is Not Acceptable)
9319 E Colonial Dr
City
Orlando Fl 32827 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	D COOK, BRUCE A 5303 PATCH ROAD ORLANDO FL 32822	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COOK, LAURIE A 5303 PATCH ROAD ORLANDO FL 32822	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Cook Bruce A 9319 E Colonial Dr Orlando, Fl 32827	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Cook, Laurie A 9319 E Colonial Dr Orlando, Fl 32827	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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"/> 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: [Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/21/00 407-275-3094
Date Daytime Phone #

CR2E034 (9/99)