2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # P99000003217 Jun 07, 2000 8:00 am 1. Entity Name WENDEL DENNIS TRUCKING, INC. **Secretary of State** 05-04-2000 90228 012 ***150.00 Mailing Address Principal Place of Business 15163 82ND LANE NORTH 15163 B2ND LANE NORTH LOXAHATCHEE FL 33470-4334 LOXAHATCHEE FL 33470-4334 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State Not Applicable Country \$8.75 Additional Zio Zip Country Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent DENNIS, WENDEL Street Address (P.O. Box Number is Not Acceptable) *15163*82ND*LANE*NORTH*~ LOXAHATCHEE FL 33470-4334 City Zip Code FL 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filling requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. 66/6) Addition Delete TITLE Change TITLE NAME MAME STREET ADDRESS STREET ADDRESS 35470 CITY-ST-ZIP CITY-ST-ZIP cesiele Change ☐ Addition ☐ Delete TITLE TITLE endel NAME NAME STREET ADDRESS 82nd lane N STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP - Change - Addition TITLE ☐ Delete TITLE -NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change notition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-7IP City-St-ZiP ■ Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Change ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 it 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.