

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000004835

1. Entity Name

N & S BOYD TRUCKING, INC.

FILED
Sep 18, 2000 8:00 am
Secretary of State

09-18-2000 90021 001 ***550.00

Principal Place of Business

1835 MAGNOLIA DRIVE
 N FORT MYERS FL 33917

Mailing Address

1835 MAGNOLIA DRIVE
 N FORT MYERS FL 33917

2. Principal Place of Business

1835 Magnolia Drive
 Suite, Apt. #, etc.

3. Mailing Address

1835 Magnolia Drive
 Suite, Apt. #, etc.

City & State

No. Ft. Myers, FL

Zip
 33917

Country

USA

City & State

No. Ft. Myers, FL

Zip

33917

Country

USA

4. FEI Number

65-0902980

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

BOYD, SHERI
 1835 MAGNOLIA DRIVE
 N FORT MYERS FL 33917

7. Name and Address of New Registered Agent

Name Same

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 Sheri A. Boyd, President Sheri A. Boyd 9/8/00
 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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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

TITLE D/P/T/S ☐ Delete
 NAME BOYD, SHERI
 STREET ADDRESS 1835 MAGNOLIA DRIVE
 CITY-ST-ZIP N FORT MYERS FL 33917

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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 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: Sheri A. Boyd
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/8/2000
 Date

941-995-4717
 Daytime Phone #

CR2E034 (5/00)