

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

May 16, 2001 8:00 am
Secretary of State

05-16-2001 90251 007 ***150.00

DOCUMENT # **P99000012329**
1. Entity Name
ROONEY TANK LINE, INC.

Principal Place of Business
**1760 EXECUTIVE RD
WINTER HAVEN, FL
33884**

Mailing Address
**P.O. BOX 1480
WINTER HAVEN, FL
33880**

2. Principal Place of Business
1760 EXECUTIVE RD

3. Mailing Address
P.O. BOX 1480

Suite, Apt. #, etc.

City & State
WINTER HAVEN, FL

City & State
WINTER HAVEN, FL

Zip
33884

Country
USA

Zip
33880

Country
USA

4. FEI Number
59-3564617

Applied For
☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
**ROONEY, EDWARD J.
581 AVENUE K, SE
WINTER HAVEN, FL 33880**

7. Name and Address of New Registered Agent

Name
ROONEY, EDWARD J.

Street Address (P.O. Box Number is Not Acceptable)
1760 EXECUTIVE ROAD

City
WINTER HAVEN

FL

Zip Code
33884

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 **Edward J. Rooney** **EDWARD J. ROONEY** **4-16-01**

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 \$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. ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR EDWARD J. ROONEY 1760 EXECUTIVE ROAD WINTER HAVEN, FL 33884	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR BARBARA E. ROONEY 1760 EXECUTIVE ROAD WINTER HAVEN, FL 33884	<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		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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
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: **Edward J. Rooney** **EDWARD J. ROONEY** **4-16-01** **863-299-6867**

Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (1/100)